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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange	Commissioner
P.S.A. Lamek, Q.C.	Counsel
E.A. Cronk	Associate Counsel
Thomas Millar	Administrator

Transcript of evidence
for
April 2, 1984

VOLUME 123

OFFICIAL COURT REPORTERS

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1 ROYAL COMMISSION OF INQUIRY INTO CERTAIN
2 DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

3

4 Hearing held on the 8th Floor,
5 180 Dundas Street West, Toronto,
6 Ontario, on Monday, the 2nd day
7 of April, 1984.

8 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
9 THOMAS MILLAR - Administrator
10 MURRAY R. ELLIOT - Registrar

11

12

13 APPEARANCES:

14 P.S.A. LAMEK, Q.C.) Commission Counsel
15 E. CRONK)
16 T.C. MARSHALL, Q.C.) Counsel for the Attorney
17 D. HUNT) General and Solicitor General
L. CECCHETTO) of Ontario (Crown Attorneys
and Coroner's Office)
18 I.J. ROLAND) Counsel for The Hospital for
19 M. THOMSON) Sick Children
R. BATTY)
20 B. PERCIVAL, Q.C.) Counsel for The Metropolitan
21 D. YOUNG) Toronto Police
22 K. CHOWN Counsel for numerous Doctors
at The Hospital for Sick
Children
23 F. KITELY Counsel for the Registered
Nurses' Association of Ontario
and 35 Registered Nurses at
The Hospital for Sick Children

24 (Cont'd)...



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APPEARANCES: (Continued)

2

H. SOLOMON Counsel for The Ontario
3 Registered Nursing Assistants

4

J. SOPINKA, Q.C.) Counsel for Susan Nelles -
D. BROWN) Nurse

5

G.R. STRATHY) Counsel for Phyllis Trayner -
E. FORSTER) Nurse

6

M. ROSENBERG Counsel for Sui Scott - Nurse

7

J.A. OLAH Counsel for Janet Brownless -
R.N.A.

8

B. JACKMAN Counsel for Mrs. M. Christie -
R.N.A.

9

M. MANNING, Q.C.) Counsel for Mr. & Mrs. Gosselin,
S. LABOW) Mr. & Mrs. Gionas, Mr. & Mrs.
Inwood, Mr. & Mrs. Turner, Mr. &
Mrs. Lutes, and Mr. & Mrs. Murphy
(parents of deceased children)

10

F.J. SHANAHAN Counsel for Mr. & Mrs. Dominic
Lombardo (parents of deceased
child Stephanie Lombardo); and
Heather Dawson (mother of
deceased child Amber Dawson)

11

12

W.W. TOBIAS Counsel for Mr. & Mrs. Hines
(parents of deceased child
Jordan Hines)

13

14

J. SHINEHOFT Counsel for Lorie Pacsai and
Kevin Garnet (parents of deceased
child Kevin Pacsai)

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391 Copy of Exhibit 76 at Preliminary
Hearing.

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M/ak

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---- Upon commencing at 10:00 a.m.

3

THE COMMISSIONER: Yes, Mr. Lamek?

4

MR. LAMEK: Mr. Commissioner, I
think Mr. Sopinka has something he wants to say
first.

5

6

THE COMMISSIONER: Yes, Mr. Sopinka.

7

8

MR. SOPINKA: Good morning,
Mr. Commissioner. As you are aware I act for Susan
Nelles who is the next witness and while I understand
that the practice has been for Commission Counsel to
examine witnesses in the first instance, Susan Nelles
is in somewhat of a different position and I am
making an application that I be allowed to examine
her in chief.

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In that case at page 581 the Court
of Appeal distinguishes between the sort of
Commission that is simply a fact finding Commission
and one where a person's conduct is under scrutiny.
In that kind of a Commission the Court said that
a person whose conduct is being examined is entitled
to have his evidence in chief brought out through
his own counsel.

9

10

11

THE COMMISSIONER: Well, we have
been doing that, it is just a question of the order
I suppose.

12

MR. SOPINKA: Yes.

13

THE COMMISSIONER: You want to go
first, is that what you're saying?

14

MR. SOPINKA: That's right.

15

THE COMMISSIONER: And then what
happens after that?

17

18

19

MR. SOPINKA: And then the order
I think is agreed, Mr. Lamek will go next. We
have discussed the areas that we are going to cover.

20

THE COMMISSIONER: And then in
the examination you go first and he goes last?

22

MR. SOPINKA: That's correct.

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THE COMMISSIONER: Do you have
any comment on that, Mr. Lamek?

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MR. LAMEK: Mr. Commissioner, no.

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Mr. Sopinka has been good enough to tell me what he proposes to do. Indeed, I should tell you, sir, that some months ago now I raised this suggestion with Mr. Sopinka and told him that I would consider it if he wished to go first. In this Commission it is unprecedented but there may indeed be special circumstances. I am prepared to agree to that, sir, and have so told Mr. Sopinka on two understandings: first, that he will lead her evidence on certain matters that he has outlined to me. I understand that Mr. Sopinka does not propose to ask Miss Nelles at this stage questions about any of the children whose deaths are in issue. As he has just told you, when he comes to re-examination I will go last and Mr. Sopinka's will be the penultimate examination of his client.

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On that basis, sir, I have no

objections to my friends going first with Miss Nelles.

THE COMMISSIONER: Does anyone else

have any comments on it?

Well, I think it is perfectly in order, so, you proceed as you have suggested.

MR. SOPINKA: Thank you,

Mr. Commissioner. Miss Nelles, would you take the



1

2

witness stand.

3

SUSAN NELLES, Sworn

4

DIRECT EXAMINATION BY MR. SOPINKA:

5

Q. Now, I understand, Susan,
that you have never given evidence before even in
connection with a speeding ticket?

6

A. That's true.

7

Q. So that this is a first for
you and I know that it is difficult but try to
~~answer~~. The Commissioner, notwithstanding his
apparent severity, is a very nice fellow.

8

THE COMMISSIONER: Sometimes,
sometimes. Don't be led astray.

9

MR. SOPINKA: Q. Now, you were
born in Trenton, Ontario?

10

A. Yes, I was.

11

Q. And I won't be so indelicate
as to give the actual date, save that you are
younger than Mr. Brown and considerably younger
than I am.

12

A. Yes.

13

Q. And your father, the late
Dr. James Nelles practised as a pediatrician in
Belleville and Trenton?

14

A. Yes, sir.

15

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Q. And was he a practising
pediatrician when you were a child?

3

A. Yes, he was.

4

Q. And he practised out of the
Belleville General Hospital and the Trenton
~~Pediatric Hospital~~.

5

A. That's right.

6

Q. And he was the chief physician
in a home for the handicapped, the Plainville
Children's Home?

7

A. Plainfield, yes.

8

Plainfield. Your mother
graduated from Queens University in Spanish and
married your father while they were still at school,
they were both at Queens?

9

A. Yes.

10

Q. You have a brother David
who graduated in 1978 from Queens as a doctor?

11

A. Yes.

12

Q. And he trained in the Vancouver
General Hospital as a resident in pediatrics and in
July, 1980 he was a post-core resident at the
Hospital for Sick Children; what does that mean?

13

A. It means that they rotate
through the various areas in the Hospital as a third

14

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year pediatric resident.

3

Q. And he worked on the
Cardiology Ward for one month in September of 1980?

4

A. That's right.

5

Q. And was in fact a resident in
the Hospital up to March, 1981 and thereafter?

6

A. That's right.

7

Q. And he now practises pediatrics
in Belleville, having taken over your father's
practice when your father died?

8

A. That's right.

9

Q. I want to go over your
educational background. Where did you go to
elementary school?

10

A. I went to public school first
at Queen Elizabeth and then I went to Harry J. Clark
for Grade 7 and 8, which were both in Belleville.

11

Q. Were you a good student?

12

A. Fairly good, yes.

13

Q. And as far as you are aware
did you have a normal childhood?

14

A. I think so, yes.

15

Q. You had friends?

16

A. Yes.

17

Q. Didn't get into too much

18

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trouble but just enough to be normal?

3

A. Right.

4

5

Q. And then you went to, what
high school did you go to?

6

A. It was called Moira Secondary
School, which was also in Belleville.

7

Q. And I understand that you
were an above average student obtaining marks in
the high seventies?

10

A. Right.

11

Q. And you also engaged in
athletics and were a gymnast?

13

A. Yes.

14

Q. What is the best that you did
in gymnastics?

15

A. I think I placed second in
one of the Central Ontario Secondary School
Association meets.

18

Q. I see. And when was that?

19

A. It would have been my first
year of high school.

21

Q. And did you continue doing
gymnastics right through high school?

22

A. Yes.

23

Q. Now, in high school did you

24

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have a normal social life, that is, friends, boy
friends, et cetera?

4

A. Yes.

5

Q. The Vice Principal has
indicated that you were self-assured, the leadership
type. Do you agree with that description?

7

A. I suppose so.

9

Q. Well, what sort of leadership
did you show? I know that in this Inquiry you were
described by Meredith Frise as being "small but
mighty". What leadership matters did you engage in
in high school? You have mentioned gymnastics.

13

A. That was the primary area
where I participated in. I wasn't actually involved
in any student politics or anything at that time.

15

Q. You didn't advocate the
overthrow of the principal or anything like that?

17

A. No.

18

Q. Now then you attended Queens
University from 1974 to 1978 and you graduated
with a Bachelor in Nursing.

21

A. Bachelor of Science in Nursing,
yes.

22

Q. Yes. And how did you decide
to go into a nursing course?

24

25



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(Sopinka)

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A. I think I always wanted to
be a nurse and I remember being told that fairly
on in high school there was a nursing program
offered at the university level and that appealed
to me because I also felt that I wanted to go to
university.

3

4

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Q. Now, in your fourth year it
was an elective as to whether you chose pediatrics
and I understand you chose pediatrics?

8

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A. That's right.

16

17

Q. You could have chosen other

18

areas?

19

A. We were to choose an area of

20

specialization and write a major research report in
that area.

21

Q. And why did you choose

22

pediatrics?

23

A. Because that was my major

24

interest.

25

Q. And did you continue to be
active socially and have a lot of friends?

26

A. I think so, yes.

27

Q. Now then, you took your
nursing training at the Hotel Dieu in Kingston,
St. Mary's on the Lake in the summer of '75 and

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Nelles, dr.ex.
(Sopinka)

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the Kingston Psychiatric Hospital?

3

A. And the Kingston General
Hospital.

5

Q. And the Kingston General.

6

During your high school and university did you
have any summer jobs?

7

A. Yes, I did. In high school
before I turned 16 I did some volunteer work in the
hospital and I then, in the latter years of high
school, worked for a telephone answering service
and then when we got to university I did mainly
nursing related things. I worked at a nursing
home for the first summer and then after that I
worked as a nursing assistant in the Belleville
General Hospital.

15

Q. Well then, I understood your
first job as a nurse after finishing training was
at the summer camp in Kilcoo at Minden?

18

A. Right.

19

Q. It's Kilcoo and it's at
Minden?

21

A. Right.

22

Q. And what were your duties
there?

23

A. I was the nurse in charge of

24

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(Sopinka)

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the camp basically, the camp nurse, and I ran the infirmary and looked after the health interests of the campers as well as the staff. I had an RNA working with me as well. There were four physicians who each had a two-week block at the camp for the two months.

3

Q. And how many campers were there and what were their ages, approximately?

4

A. It was a private boys' camp, there were approximately 200 boys per month and they would range in age probably from about 8 to 15 before they would start their counsellor in training.

5

Q. Were there any physicians at the camp there that we might know of, some of the more prominent ones?

6

A. One of the physicians is Dr. Egan who is head of Ambulatory Services at the Hospital for Sick Children; another one was Dr. William McRae who is also a pediatric ophthalmologist.

7

Q. And at the end of the summer did you get a good report about your work?

8

A. I think so, yes.

Q. Well then, next you went to Vancouver and were employed at the Vancouver General commencing in September of 1978 and you were in the

9

10



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Nelles, dr.ex.
(Sopinka)

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Pediatric Health Care Centre?

3

A. Yes.

4

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Q. Why did you decide to go to
Vancouver?

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A. At that time jobs were probably a little more difficult for nurses to obtain and before I went to the camp I had received an acceptance from the Vancouver General. So, it seemed to make it easier that I would have a job waiting for me as soon as I finished camp.

11

12

Q. And you were a general duty nurse on East 2?

13

14

A. Right.

15

Q. And treated children five years of age and over?

16

17

A. Right.

18

Q. And what sort of problems did the children there have?

19

20

A. As you said, it was primarily a floor for children five years of age and up and it was mainly surgical and an orthopedic floor and we also had a peritoneal dialysis unit on the ward as well.

22

Q. Then in March and April '79, where you transferred to 3B?

23

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A. 3B, yes.

3

Q. Why was that?

4

A. I'm not sure exactly but I believe that there were a shortage of nurses in the infant areas and also some of the orthopedics on East 2 were being transferred to another hospital. So, they closed part of the ward and transferred some of the nurses to the infant areas where there was a shortage.

10

Q. And on 3B you had infants and toddlers?

12

A. Right.

13

Q. And did the problems include cardiology and general medicine?

15

A. Right.

16

Q. Now, in July of '79 you left Vancouver and returned to Ontario?

17

A. Right.

18

Q. Why was that?

19

A. I decided I wanted to work closer to home.

21

Q. And you started at the Hospital for Sick Children in September of '79?

22

A. That's correct.

23

Q. How did you go about getting a

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Nelles, dr.ex.
(Sopinka)

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A. I had been home from Vancouver in May of that year and I had made some applications both to the Eastern Ontario Children's Hospital in Ottawa and also to the Hospital for Sick Children. I was accepted at the Hospital for Sick Children pending my arrival back from Vancouver.

Q. And had you applied for any particular ward or area in the Hospital?

A. Yes, I had specifically asked for cardiology.

Q. And why was that?

A. Because I had started to do some cardiology on West 3/B in Vancouver and it interested me and I supposed partially from encouragement from my father who knew of cardiology at Sick Kids that I pursued that.



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Q. What ward did you commence
on? Did you actually commence on the cardiology
ward.

A. No. I started at the Hospital
on Ward 6A, which was an orthopaedic ward.

Q. How did that come about?

A. There was some mix-up when I
actually arrived at the Hospital, and that is where
they had placed me, on the orthopaedic ward, and at
that time there was not an opening in cardiology. So
approximately a month after I started on Ward 6A, I
learned that there was an opening on 5A and I asked
to be transferred.

Q. And were you?

A. Yes, I was.

Q. And then you became a general
duty nurse on Ward 5A?

A. That's right.

Q. And did you work on Ward 5A
until there was a reorganization and it became Wards
4A and 4B?

A. Right.

Q. And when did you start work
as a member of the Trayner nursing team? Was that
when the reorganization took place?



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A. No. I believe that I first started working on Mrs. Trayner's team in the first part of June of 1980.

5

Q. And when did she become a team leader

6

A. I believe that was when the ward was -- when we moved down to Ward 4A and 4B.

8

Q. Was that in March of 1980?

9

A. Yes, the end of March.

10

Q. Had you worked with Phyllis Trayner before she became a team leader?

11

A. On occasion, yes, but she was not actually on my team when I worked on 5A.

12

Q. Now, there is some suggestion in the evidence that you expected to get the job as team leader that Phyllis Trayner got. What do you say about that?

13

A. That is not true. I was -- at that point, I had only been on -- I had only worked in cardiology since October and was probably not qualified to be a team leader. My experience did not warrant that I would be.

14

Q. Was there another appointment of team leader in March of 1981 that you had something to say about?

15

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A. Yes. On the evaluation that I received from my head nurse, Mrs. Radojewski, it had said something to the effect that I would be considered for the next team leader position and that I should be considered to take what they called the team leader course. In fact, a position of team leader position did become available in March of 1981.

3

Q. And what happened?

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A. I did not get that position and it was given to another girl, who was the backup team leader on the team that needed the team leader, and I did not have an opportunity to discuss it with Mrs. Radojewski before I was charged.

16

Q. Well, did that cause you any problem, that somebody else had got it and you didn't?

17

A. It wasn't a problem so much that she had, as I say, explained to me that the next team leader position I would be considered for, and I can understand her reasoning in choosing the backup team leader to take over on the same team, but I just felt disappointed that she had not in fact discussed it with me before that.

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Q. Now, the Trayner team was placed on a leave of absence in the latter part of

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March 1981.

3

A. That's right.

4

Q. And then shortly thereafter
they returned to work but you remained on leave of
absence until July of 1983.

5

A. That's right.

6

Q. Now, after your discharge
at the preliminary hearing, did you seek work in
other hospitals?

7

A. Yes, I did.

8

Q. And were you able to get work?

9

A. Not at that time, no.

10

Q. So, you returned to The
Hospital for Sick Children in the dialysis unit in
July of 1983. How did you manage to do that? What
did you do in order to get back?

11

A. I had several meetings with
the Executive Director of the Hospital, who I first
contacted in December of 1982, and I met with him on
seven or eight occasions and, finally, in July I
started my current position at the Hospital.

12

Q. Did you find that an easy
thing to do, to go and see Mr. Snedden, is it?

13

A. Yes. No. I mean it is
highly unusual for a nurse to approach the Executive

14

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2

Director of the Hospital, and I had to meet with
him, as I say, on numerous occasions before I was
able to convince him that, yes, I should return to
work.

5

Q. And how are you doing?

6

A. I am glad to be back.

7

Q. Have you received any adverse
reports from anybody about your work?

8

A. Not at all.

9

10

Q. Now, have you ever had any
emotional, mental or personality problems that
required treatment, attendance on a psychiatrist
or psychologist or other physician?

11

A. No, I have not.

12

13

Q. You were examined by a
psychiatrist at Mr. Cooper's request, not because
you had a problem but as possible evidence in the
proceedings.

14

A. That's right.

15

Q. And were the results positive?

16

A. I think so, yes.

17

MR. SOPINKA: Mr. Commissioner, I
have discussed this with Mr. Lamek, and he has copies
of these reports, and I have also discussed it with
some other counsel. I propose to go over these

24

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Nelles
dr.ex. (Sopinka)

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B6 2 reports with Miss Nelles in order to establish that
3 the factual basis upon which they are based is
4 accurate, because much of it comes from her.

5 THE COMMISSIONER: The use of that
6 word "positive", I take it that, by positive, you
7 meant there was no mental disorder? Is that what
8 you mean by "positive"?

9 MR. SOPINKA: Well, I think it is
10 better to look at the reports. I think it goes
further than that.

11 THE COMMISSIONER: Yes. All right.

12 MR. SOPINKA: The first report
13 is of Dr. Stanley E. Greben, a psychiatrist, and I
tender that as the next exhibit.

14 Q. Is that the psychiatric
15 report that Mr. Cooper received, Miss Nelles?

16 A. Yes, it is.

17 THE COMMISSIONER: That will be
18 Exhibit 389.

19 --- EXHIBIT NO. 389: Report of Dr. Stanley E. Greben,
8 September 1981, re Susan
Nelles.

20 MR. SOPINKA: That is Exhibit 389 and
21 then the next one is a report prepared by Dr. Leonard
22 J. Goldsmith, a psychologist, and it is dated July 3,
23 1981.

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A. Right.

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THE COMMISSIONER: That will be 390.

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--- EXHIBIT NO. 390: Report of Dr. Leonard J.
Goldsmith, 3 July 1981, re
Susan Nelles.

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MR. SOPINKA: Q. Would you look at
that report, and I am going to go over it and ask you
about some of the things that are attributed to you
there.

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"At your request, I have examined the
above-named client. I have seen her
on four occasions, each approximately
one hour in duration. During these
times, I conducted a complete clinical
examination of her past personal and
medical history, her current mental
status and her reaction to her present
legal problems. I then referred Miss
Nelles for psychological examination to
Dr. J. Goldsmith, Chief Psychologist
of the Toronto General Hospital. You
have a copy of the report.

Miss Nelles was born in Trenton
on July 1, 1956. Her father, aged 56,
grew up in Hamilton and graduated as a
medical doctor from Queen's University.



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He is the Chief of Pediatrics at
the Belleville General Hospital and
also does a private practice in
pediatrics.

Her mother, age 55, graduated
from Queen's University, majoring in
Spanish. The parents married when the
father was in his final year of medical
school. Her mother is a housewife and
has engaged in voluntary community
work. Her brother, David, age 28,
is a third year pediatric resident at
The Hospital for Sick Children, Toronto.

Miss Nelles grew up in an upper
middle-class home in Belleville where
she says: 'I had all the opportunities.'"
Is that a statement that you made?

A. As I recall, yes.

Q. "She always had many friends,
having a bright and sociable disposi-
tion. During her last year of high
school, her brother was away in
Vancouver and she felt the benefit of
having all the attention of her
parents. She remembers no serious

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traumata in her early life, living
'a pretty normal teenage life'."
That is what you have told the
Commissioner in your evidence so far.

"In 1978, she graduated with a
Nursing Science Degree from Queen's
University.

With regard to her work, 'I
think I always wanted to be a nurse.
At age fifteen, I learned that there
was a degree program in nursing at
the University and decided that was
ideal for me.' She was a competent,
not outstanding, student at university.
She worked in Vancouver for a year as
a nurse on the Pediatric Unit of the
Vancouver General Hospital."

Is that an actual statement in that
paragraph?

A. Yes.

Q. "She then came to Toronto
where she worked for one and a half
years on the Cardiology Unit at The
Hospital for Sick Children. She liked
this work very much. She worked with



Nelles
dr.ex. (Sopinka)

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B10 2 children who 'had serious medical
3 problems but are basically normal
4 mentally'. Many of the children
5 had heart defects and would return
6 to the Unit more than once, so that
7 she came to know them quite well as
8 people and she liked them very much."
Did you make those statements to Dr.

9

Grebén?

10

A. Yes, I did.

11

Q. "The patients with Down's Syndrome she found very loving and enjoyed working with them. She states, 'I always said that if I had to have a child with a problem, I'd choose a Down's Syndrome: They are easy to work with and you can see their reactions.' She then cried as she stated, 'We have so many children on our floor who are miracles. You can't give up on them. I can't imagine that you could use euthanasia.'"

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Did you make that statement, those statements in that paragraph?

23

A. Yes.

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Q. I asked whether she ever felt
that some disabled children would be
better off dead. She replied, 'We
had one child with a cleft lip and
other facial anomalies. I saw the
patients...'"

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I think that is a misprint. That should be "parents"
and it says "patients".

9

A. Is that what you said?

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A. Right.

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Q. It is "parents" rather
than "patients"?

12

A. Yes.

13

Q. "I saw the parents' reaction
to him and when he did die, I guess
some of us said, "Maybe it was just
as well", but you wouldn't consider
wanting to kill him. If he survived,
it meant he had the will to live. We
had a child with a serious atresia of
the heart. They suggested trying
surgery but the mother refused, and I
thought she had courage; she felt it
was wrong to put him through surgery
when there was only one chance in a

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B12 2 thousand to help. I couldn't advise
3 her not to agree to surgery, but I
4 had to admire her courage in deciding
5 that.'"

6 Did you make those statements in that
7 paragraph?

8 A. Yes, I did.

9 Q. "Miss Nelles later stated,
10 'When I see my name with those four
11 charges, it's so strange. The first
12 think I asked the lawyer was, "Do I
13 have a criminal record now?" I just
14 couldn't imagine being known as a
15 criminal. All I can tell you is that
16 my word is everything. I don't make
17 up things. I have a genuine love of
18 children and of my nursing profession.
19 Just to be accused is terrible.'"

20 Did you make those statements?

21 A. Yes, I did.

22 Q. "The mental status examination
23 reveals a normal young woman in whom
24 the greatest stress is that which
25 comes from her being accused of
several very serious crimes. No other



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Nelles
dr.ex. (Sopinka)

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2 significant pathology in her
3 personality is evident. She cries
4 as she speaks about the seriousness
5 of the charges against her and of the
6 damage that has been done to her and
7 to her family. She is alarmed at the
8 consequences of being found guilty and
9 finds it impossible to contemplate a
10 life spent in prison. She has liked
11 her patients and colleagues and is
12 entirely devoted to the task of
13 combatting ill-health and of helping
14 those in need. The idea of causing
15 harm to someone, of hurting or of
16 killing someone is entirely foreign
17 and repugnant to her. The idea of
18 doing this is in opposition to her
19 professional values and appears to be
20 totally out of keeping with all that I
21 saw in her basic personality. It
22 feels terrible to her to have been
23 accused of such crimes for she feels
24 a genuine love for the children in her
25 care.

23 There are several features of
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Nelles
dr.ex. (Sopinka)

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the examination which tend to support the idea that Miss Nelles is telling the truth. First, the history of her family and of herself is free of important emotional disturbance. She was raised with love and care in a secure home and as a result is a trusting, loving, responsible young woman.

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Second, she has evidently always had the affection and support of good friends, many of whom she has had for some years.

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Third, she showed me numerous letters which she and her family had received from people since she had been accused, and they are consistent in their praise of her as a loving, responsible, serious young woman.

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Fourth, she showed clinically, both physically and verbally, genuine signs of appropriate upset about the charges against her, about her future, and about the effect of all this trouble upon her family and friends.



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2 Someone who could lie about such
3 serious matters would not display
4 those natural emotions of sadness,
5 concern and alarm, which spontaneously
6 were exhibited by her. It is
7 extremely unlikely that such a person
8 would not betray evidence of such
9 psychopathy in any single aspect of
10 her history or mental status examina-
11 tion.

12 In conclusion, I feel the
13 following:

14 1. Miss Nelles is sane and
15 fit to stand trial.

16 2. The crimes of which she is
17 accused would be totally repugnant
18 to her. All historical and clinical
19 evidence is against the possibility
20 that she would be capable of killing
21 medical patients in her charge.

22 3. She shows appropriate con-
23 cern and alarm at the seriousness
24 of the charges made against her.

25 4. She is in the upper small
group of the population which is



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Nelles
dr.ex. (Sopinka)

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made up of dedicated, caring and
responsible people, of whom it is
not possible to consider their
committing such crimes.

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The report of the psychological
tests administered by Dr. Goldsmith
is entirely in keeping with the con-
clusions which arise out of my
clinical examination."



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Now, I have read all that. Is there
anything in that report that is attributed to you
that is inaccurate?

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A. No.

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Q. Now, I won't read the report
of Dr. Goldsmith except the conclusion. He
administered a number of tests when you attended
on him?

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A. Yes.

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Q. And his conclusion on page 2:
"In summary: Susan Nelles is one of
the healthiest human beings it has been
my pleasure to assess in quite some
time. There is simply no indication
in my examination of significant
psychopathology and certainly no
symptoms of the brooding malaise or
paranoidal delusions that one might
expect to find in an individual who
had committed several deliberate
homocides. One searches in vain for
evidence of impulsiveness, cognitive
slippage, et cetera. Psychological
picture is consistently one of sound
adjustment and resiliency."



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Signed by Dr. Goldsmith.

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Now, Miss Nelles, during the period

4

July '80 to March of '81 there were a large number
of baby deaths in the Cardiac Ward at the Hospital
for Sick Children. Did there come a time when you
wondered about the number of deaths and the fact that
many of the children were under the care of the team
of which you were a member?

9

A. Yes.

10

Q. Well, was it on one occasion

11

or more than one occasion?

12

A. I would say there were two
separate occasions, primarily the summer of 1980
I went on a holiday around the last two weeks of
August, 1980 and I certainly can remember noting
that in July and August we had had a large number
of deaths. And then again I noticed that we were
having a large number of deaths and they all seemed
to be when our particular team was working and again
that was around February, March, 1981.

13

Q. Now, I am not going to go into
the details of the various babies that this
Commission is enquiring into and their deaths but
I do want to ask you several questions.

14

In attempting to resolve this matter

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2 in your own mind did you consider at any time that
3 the deaths were due to inadequate medical or
4 nursing care?

5 A. No, I didn't.

6 Q. Did you at any time administer
7 digoxin or any other drug to a child that was not
prescribed for the child?

8 A. No, I didn't.

9 Q. Did you at any time consciously
10 administer digoxin or any other drug to a child in
excess of the amount prescribed?

11 A. No, I didn't.

12 Q. As far as you are aware, did
13 you ever mistakenly administer an overdose of
14 digoxin or any other drug to a child or administer
15 digoxin or another drug to a child that was not
prescribed digoxin?

16 A. No, I didn't.

17 Q. Now, at any time up to your
18 arrest did you think that anyone else was
19 administering digoxin that was not prescribed or
20 administering overdoses of digoxin?

21 A. No, I didn't.

22 Q. Well now, I want to turn to
23 several pieces of evidence that have been introduced

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2 to get your comments on them.

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4 First of all, at the preliminary
5 hearing - Mr. Commissioner, I can give you the
6 reference, Volume 5, page 970 to 71 - Phyllis
7 Trayner testified to the effect that when the Baby
8 Pacsai died you said words to the effect that you
9 were relieved that now that Pacsai died maybe the
10 doctors would listen to nurses and that hopefully
11 another tragedy like this would not re-occur.

12 Did you say something to that effect?

13 A. Something to that effect, yes.

14 Q. Well, tell us what you remember
15 saying and what you meant?

16 A. I am not sure of the exact
17 wording but I said something to the effect that the
18 Baby Pacsai had died and I was relieved because now
19 maybe the doctors would see that this had been an
20 incident where we, as the nurses, had been aware of
21 a child that was very ill and they had in fact not
22 listened to us to the extent that I felt they should
23 have at that time.

24 Q. Well, what did happen at that
25 time that caused you to make that observation?

A. On that particular night there
had been another arrest in that, I think it was



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2 Baby Manojlovich, had arrested and died that evening
3 and when I went back to my patient, Kevin Pacsai,
4 he was not the same baby that I had left before, he
5 was exhibiting very abnormal patterns of the heart.
6 I remember at that time that I went out to the desk
7 to notify, I believe it was Dr. Kantak and Dr.
8 Ning and Dr. Costigan and they came into the room for
9 a short period of time but at that particular moment
10 the baby's heart pattern was fairly regular. Then,
11 shortly after that, he again started to exhibit these
12 very unusual patterns and I went out to the desk to
13 again bring them in and I learned at that time that
14 Dr. Ning who was the cardiac fellow had gone home
15 and I was upset because I think that I had
16 portrayed to them, or at least tried to tell them
17 that I was not comfortable with this child and that
18 I felt he was very unstable and that he was exhibiting
19 a lot of very unusual heart patterns on his monitor.

20 So, that's where the next day when I
21 came back to the floor I learned that after we
22 had transferred the baby to the - I felt that at
23 least we had been able to get that child to the
24 intensive care but the next day when I came back to
25 the floor to work that night I found out that Kevin
had in fact died in the intensive care that morning



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2 and it probably was a poor choice of words in that
3 it didn't really express what I was trying to say.
4 What I was trying to say was that he was a case
5 where this child had obviously been very ill and he
6 was obviously displaying very abnormal heart
7 characteristics and the doctor had not paid much
attention because in fact he had gone home.

8

Q. Were you ever relieved that
9 Baby Pacsai had died?

10

A. No.

11

Q. If you used the word relieved,
12 what was it that you were relieved about?

13

A. I was relieved that now maybe
the doctors would listen to what we were trying to
14 say.

15

Q. Now, Kathy Coulson in giving
16 her evidence before this Commission, Volume 107,
17 page 4313 to 4 testified that you made a statement
18 to her:

19

"Sometimes I feel guilty that I don't
feel bad."

20

Do you recall any such statement?

21

A. Again, I don't remember the
22 exact wording. I remember talking to Miss Coulson
23 on several occasions during the period when we were

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2 having a lot of arrests.

3 Q. She testified at the preliminary,
4 Volume 7, page 1727 as follows:

5 "I don't remember the exact date but
6 I remember walking up to the nurses'
7 station to the front desk there and
8 Sue was writing and I went up to her and
9 leaned over the counter and said to
10 her, Sue, how are you doing with all
11 this, and she looked up at me and she
12 said sometimes I feel guilty that I
13 don't feel bad and I said, what do you
14 mean and she said, well, I have talked
15 to Liz about it and then we just talked
16 about the fact that, you know, we
17 express ourselves in different ways
18 and some people cry and some people
19 don't and it is all in how we look at
20 death and life."

21 Were you referring to the fact that
22 you didn't cry and that's why you felt bad?

23 A. I think that's probably in
24 comparison to some of the other nurses on the floor
25 I didn't show as much emotion as some of them did.

Q. Well, how did you try to



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2 handle the baby deaths . Some cried. What was your
3 method of handling it?

4 A. Well, myself, I don't think that
5 I would be able to continue to function on the ward
6 if I sort of let myself cry or whatever because then
7 I would in a sense be losing control and I think
8 that one has to realize that when these children were
9 dying it was extremely hard but as a nurse you had
to continue with your work on the floor.

10 Q. They didn't give you time -
11 I mean, when a baby died you couldn't go home I take
12 it?

13 A. No. I mean, it meant continuing
14 to look after the other children that were on the
floor at that time.

15 Q. Now then, Kathy Coulson also
16 testified at this inquiry, Volume 106, page 1460
17 that she had a conversation with you shortly after
Cook died and while you were bathing him she came
18 to see you to say goodbye, I gather she was going off
19 the shift or something, and you said that Dr.
20 Jedeikin had come to you and said:

21 "....I just want you to know..." this
22 is Dr. Jedeikin speaking:

23 "... the baby had excellent care, ..." 24
25



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2 Did you have that conversation?

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A. Yes, I did.

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Q. Was there anything peculiar
about Dr. Jedeikin saying that or did he say it in
a peculiar manner or anything like that?

5

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A. No, he did not. I think that
there had been some concern that the nursing care
on the floor was not up to scratch and Dr. Jedeikin
made a special point that night of assuring me that
he felt that that baby had received excellent care
and I think I was mainly passing it along to Kathy
so that I wasn't the only one who realized that one
of the physicians on the floor was pleased with what
had gone on.

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Q. Dr. Fowler testified, Volume
34, page 6533 to 4, and his original version was
somewhat different than his version under cross-
examination but I think it finally comes down to
this that three-quarters of an hour to one hour
after Cook's death you were writing up the final
report in his medical chart and he observed you and
you didn't look the way that he would have expected
because you weren't crying. Do you recall the
circumstances?

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A. I recall that on that particular



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2 morning Dr. Fowler did not arrive on the floor until
3 perhaps an hour after the child had died and his
4 testimony was that he saw me at the desk and it would
5 be my feeling that I at that time would be writing
6 the report, the final nursing note as to what had
happened that night.

7

Q. He said you were writing?

8

A. Right.

9

Q. Well, what do you say about
the fact he was surprised that you weren't crying?

10

A. Well, it is my feeling that if
he was observing me writing at the desk that in order
to write the final nursing note on a baby chances
are you are going to have to concentrate and try and
recall what actually transpired during the night and
it is pretty important I think that you get it
accurate and myself again I don't see that it would
be particularly helpful if I was sitting there
crying and expressing myself emotionally when I am
actually trying to write something that is very
important.

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Q. The next little piece of
evidence is given by three different witnesses.
First of all Mandal, Volume 14, page 45 says that
you made a statement to the effect that in six or

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11 seven nights, four or five deaths, not a bad record,
12 huh, and she thought it was a strange comment. Bertha
13 Bell testified before this Commission, Volume 100,
14 page 2806 that she heard a remark 'Six out of seven
15 ain't bad'. She took it as a remark by a nurse who
16 was frustrated with the whole situation. Meredith
17 Frise testified at this Inquiry, Volume 10, 4781
18 that you made a remark such as 'Six out of seven
19 ain't bad'. Do you recall making such a remark?

20 A. Again, I don't remember the
21 exact wording but it was something to the effect of --

22 Q. Well, first of all, the
23 evidence is that it was after Baby Cook died.

24 A. Right.

25 Q. Well, tell us what was your
26 condition and how did you feel after Cook died?

27 A. Well, in effect I think the
28 last seven nights our particular team had worked, I
29 am not sure exactly of the numbers, but we had lost
30 a child almost every one of those last nights that
31 we had worked. It's hard to describe how you feel
32 when you lose one child let alone when you lose six
33 or seven in such a short period of time.

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Q. Well, how did you feel?

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A. I felt that it was very upsetting, it was hard to want to come to work; it was totally exhausting. I can remember just feeling like I couldn't go on sort of thing, that it had taken everything out of me, sort of thing.

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Q. And if you made a remark such as that, what did you mean by it, what were the circumstances that you would make such a remark? I mean, did you really mean to joke about the fact that was not a bad record?

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A. Not at all. As I remember it I said something to the effect of, we have lost four children in seven nights, what a record. In other words, what a terrible record and how could anyone imagine that we could possibly lose so many children.

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Q. Now, do you recall having a discussion with Lynn Johnstone about a remark such as this, did she ever come up and speak to you about that?

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Q. Did you ever make a remark similar to this one prior to Cook's death?

A. No.

Q. Do you have any explanation about the fact that Mandal thought it was a strange comment but Bertha Bell thought it was normal in the circumstances?

A. As I recall that morning when I made that comment we were in a dirty utility room and there was Liz Radojewski, Phyllis Trayner, Marie Mandal and myself, and of those four people the only one that really thought it was a derogatory comment, or a comment that was in poor taste was Marie Mandal, and I found that unusual in the sense that Marie had not been, she had not been there when any of these deaths had taken place, so she could not possibly know what it was like to work and lose that many children in that many nights.

Q. So she wouldn't have the atmosphere that Bertha Bell did?

A. No, not at all.

Q. The evidence shows that there was a meeting at Liz Radojewski's house and the witness Mary Costello made certain notes as to what was said and those notes are marked as Exhibit 309.



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MR. PERCIVAL: Mr. Commissioner,
are we going to go into that in view of your ruling?
I can tell you if you go into it --

3

THE COMMISSIONER: No. The Pacsai
child, I suppose that has to be dealt with. The
Pacsai child, what she said about that --

4

MR. SOPINKA: Yes, that is all I
am dealing with.

5

MR. PERCIVAL: Thank you.

6

THE COMMISSIONER: We are not
otherwise, I trust, going into that meeting?

7

MR. SOPINKA: No. This is on the
fourth page, Mr. Commissioner, and I was going to
shorten it, Exhibit 309.

8

Q. Now her notes indicate that
in retrospect she remembers you saying, and of
course this is sort of in shorthand so it will not
be a complete version of what was said:

9

"I have got my private legal counsel
from lawyer roommate." 'I' or 'We' -
"didn't do anything wrong. I know I
measured the dig. Pacsai's correctly.
I remember small amount in syringe
plunger not far out one squirt,
checking with Mary Jean, giving

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"Kevin Pacsai dose, right card, right
3 baby, we'll get through this, must
4 stick together and support each
5 other."

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Now, I am going to break it down a
7 bit. First of all, the statement about having your
8 own private legal counsel --

9

MR. PERCIVAL: Mr. Commissioner,
10 as I said, if he wants to bring it up then it is
going to be opened up for cross-examination.

11

THE COMMISSIONER: Yes. I think
12 the "must stick together and support each other" is
hardly in this phase. So if you can leave that.

13

MR. SOPINKA: I will just deal
14 with the Pacsai aspect.

15

THE COMMISSIONER: I think it, the
16 Pacsai I can understand, the rest of it we may be
17 in trouble.

18

MR. SOPINKA: The only thing is it
might be suggested there is some inference to be
drawn in this phase, the fact that she had got her
legal counsel somehow is an indication of guilt.

21

THE COMMISSIONER: Not an indication,
22 not an inference I am likely to draw anyway.

23

MR. SOPINKA: Thank you. I wouldn't

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draw it either otherwise, I would have to support this sort of activity.

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Q. I will restrict myself to the remark about Pacsai. Did you make that statement about the way in which you administered digoxin to the Baby Pacsai?

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A. Yes, because this was the first time that I had seen Mary Jean Halpenny since that night. So I had never had any chance to confirm with her that in fact she had checked the digoxin that we were giving Pacsai that night.

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Q. Then, I don't know whether my friend objects to this; Phyllis Trayner in her testimony at the preliminary in Volume 4, page 84 said this about what you said at that meeting:

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"Sue was quite pleased that now somebody was doing something. Maybe, you know, they were investigating, she was confident herself and in her team."

20

Did you make that statement?

21

A. I made some comment such as that, yes.

22

Q. And were you pleased that the matter was being investigated?

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A. Yes, I was.

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Q. Why?

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A. Because we had had a large number of deaths and they all seemed to come on our team, and I felt that the nursing care that those children had received was up to scratch, that we had done what we were supposed to do, and that if an investigation was to take place then that was necessary and perhaps you would finally come up with some answers as to what was going on on the floor.

Q. Jacqueline Cook testified at the preliminary hearing, Volume 1, page 201, that you made a statement to her:

"There is a chance like don't look at the best, look at the worst because he might not make it."

Do you recall making a statement such as that to Jacqueline Cook?

A. Yes, I did.

Q. Would you explain the circumstances?

A. That was a Saturday evening somewhere around 9:30 and 10 o'clock at night and the mother, Mrs. Cook, had come into the room at



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about 8 o'clock for just a few minutes, and then she
had left and then she came back as I say around
9:30, 10 o'clock with her husband. They specifically
asked me about surgery that was to take place on
Sunday, and I explained to them that it was emergency
surgery that we did not normally do procedures on
Sunday, and in my -- having met these parents the
night before and having seen how the circumstances
of them bringing their child to us, at that time
approximately 3½ months old, to the Sick Children's
Hospital, I did not feel that those parents really
realized how sick their baby was. When they asked
me specifically about the surgery that was to take
place on Sunday I was concerned that they had no
expectation at all, they just assumed that it was
fairly routine and that their child would get through
it. I felt that because again they had specifically
asked me about the surgery, that I could not lie and
that I had to tell them that he was a very sick baby
and that there was a chance that he might not make
it through the surgery that he was having the next
day.

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Q. Was there any rule at the
Hospital specifically prohibiting a nurse from making
that kind of a statement to the parents?



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A. Not a rule, no.

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Q. I take it, ordinarily I mean

the doctor is the one who would give a report to
the parents?

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A. That is right, but I think,

as I say these parents specifically asked me about
the surgery the next day and I felt that I could
not lie. I think too you had to consider that he,
as I say, had been brought in on an emergency basis
on the Friday night; he had had a heart catheteriza-
tion that day and they found a number of serious
defects and then he was scheduled for emergency
surgery Sunday morning. I think that in itself
said - and he also had a couple of very bad blue
spells, so it certainly said that this was a child
that was very ill and that was very unstable.

Q. You were on vacation I believe

from March 13th, 1981 until March 20th, approximately?

A. I think those are the dates,

yes.

Q. And where were you, in

Belleville?

A. I went to Quebec City for

several days and then returned to Belleville, yes.

Q. And while you were on vacation



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did you have a call, a telephone call from Liz
Radojewski?

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A. Yes. I received a call from
Liz on the Wednesday night.

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Q. And there was some discussion
about there being an inquest into the Pacsai child?

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A. That's right. She told me
at that time that it appeared that there was going
to be an inquest into the death of Kevin Pacsai,
that he had died with a high digoxin level and that
they were pursuing that.

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Q. Now, there is some suggestion
in the evidence that you accepted the fact of this
call with something less than good grace. Did you
have something to say about it when you came back
from holidays?

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A. I felt that at the time
Mrs. Radojewski had called me at home, and I was
on holidays and I remember feeling somewhat, the
call upset me, because it scared me, and she said
that I would be asked, I would be questioned in
regard to Pacsai's death because I had looked after
him that night. But I felt that at that point that
she - it was something that could have waited until
I got back, and I also thought that perhaps it would
have been something better said to me in person

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rather than on the phone.

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Q. Did you tell somebody that?

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A. I believe when I returned to work on the Friday night that I said something about, that Liz had called me at home and that I had been annoyed by that.

7

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MR. SOPINKA: Mr. Commissioner, I wonder if the witness could be given Exhibit 115, which is the medical chart from Allana Miller.

10

11

12

Q. Could you turn to page 38, there are two pages there, it is 18 and 38, on each page in some cases there are two page numbers.

13

A. Right.

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Q. Mr. Brown says the official page is 38. Now, that is the medication and treatment record of Allana Miller, what is that, could you just explain that?

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A. This is a sheet that is made

out usually by the team leader, or the nurse in charge, and is transcribed on to this page at the time that a physician writes his orders as to the medications that he would like a child to be on. It tells you the date that the drug was ordered, and then what the drug is, the amount, the route of administration and the times of administration. Then going across the



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page has dates as to - well, here it is, 19, 20, 21,
22 and 23.

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Q. You mean the five columns under
the heading "Signatures"?

6

A. Right. Those refer to specific
days and then it is up to the nurse to sign the
medications that she has given, this is where the
actual recording of the medications takes place.

9

Q. Now, as a matter of practice,
when would you normally fill in this document; would
it be at the time the drug is administered or at the
end of the shift?

13

A. If I was assuming regular
duty on the floor, in other words, if I was not
team leading and I had a patient assignment then
most of the time my signing of the medications would
come at the end of the shift, or when I was doing -
I would take the charts of the children that I was
assigned to and then do, write any progress notes
that had to be written, sign-off any medications
that I had given and record the vital signs on the
vital signs sheet.

21

Q. And were you ever advised
by anybody that that was not an accepted practice?

23

A. No.

24

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2 Q. Is there any practical reason
3 why every time you administered one of these drugs
4 you wouldn't rush out to the record and fill it in?
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A. Well, in terms of practicality often you are giving medication as well as doing a number of other duties and it is really not feasible to be running out to the desk where the charts are located - every time that you have to make an entry there.

THE COMMISSIONER: Don't you go for coffee and lunch and things like that?

THE WITNESS: Yes.

THE COMMISSIONER: Could it not be done then. I am just concerned as to whether you would remember at the end of the day - but you have no trouble remembering what was done, what you haven't done?

THE WITNESS: No, because you are usually assigned two or three children. Most nights if I was looking after infants I would probably be assigned three. So, at the end of the shift it is automatic that I would go and pull out the charts of those three children and look to see what I had done for that child.

THE COMMISSIONER: There is some other record besides this I take it to tell you what medicines or medications you have to give?

THE WITNESS: That's right.



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MR. SOPINKA: Was that the doctor's orders? Is there a place for doctor's orders?

3

A. Again, the doctor's orders appear right on the chart but from the doctor's orders are made out green medication tickets that are in the medication room.

4

Q. I think the commissioner's question is, when you go back and you look at this and you say, now, this patient was supposed to get ampicillin at 11:00, gee, did I do that? What do you have to refresh your memory, apart from your memory?

5

A. Nothing really. I mean, you go by your memory.

6

Q. Well, did you ever have an instance in your experience where you thought you had given the drug but in fact you hadn't?

7

A. No.

8

Q. Okay. Now, we are going to look at this specific instance. In the middle of this page in the column Medications and Nursing Treatments, it is shown that commencing as of the 19th of March Allana Miller was to get 10 milligrams by intravenous of gentamicin.

9

A. Right.

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A. Right.

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Q. Is that correct?

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A. Yes.

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Q. At the times indicated in the column labeled Time 1, 9 and 18.

6

A. Right.

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Q. Right. Now then, under the date of the 21st of March, is that your signature there?

9

A. Yes, it is.

10

11

Q. When did you affix that signature, at 1:00, 1 a.m. or at the end of that shift?

12

A. Probably an hour or so after Allana died.

13

Q. So, what time would that be?

14

A. Probably somewhere around 5 a.m.

15

Q. And when you signed in that column did you think that you had given that drug, administered that drug to Allana Miller?

18

A. I had forgotten that I had not given that medication and inadvertently signed my name to it.

20

Q. What sort of a shift was this, what sort of a day had you had? Was there anything that was happening that would make it easier to forget?

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A. Well, the Cook baby had arrived
that day and I had been admitting him and getting him
settled most of the early parts of the morning and
Allana herself also was having some problems. But at
the time that I signed this medication off, because
she was my patient and I would be responsible for her
medications, as I say, in hurrying to get this chart
finished in order that it could go down to Medical
Records where it has to go as soon as possible after
the child dies, as I say, I forgot that in fact at
1:00 I had not given her gentamicin.

12

13

Q. And who in fact had administered
the gentamicin at 1 a.m.?

14

15

A. Phyllis Trayner.

16

17

Q. When did you first recollect that
that was so?

18

19

A. Well, I knew all along that I had
not given the gentamicin but I did not remember at the
time that I was signing off the chart and in fact I
did not realize that I had signed off a medication that
I had not given until the preliminary hearing.

20

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Q. Yes. And was that the first time
that you reviewed the events again in your mind when
it was drawn to your attention that you had signed
for that particular drug?

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A. In the preparation for the preliminary hearing with my lawyers, yes, I discovered it then.

THE COMMISSIONER: Well, how do you know? The thing that worries me is if you do sign this document when in fact you haven't, how do you know that you haven't because you signed it presumably at the time you thought you had.

THE WITNESS: Right. Well, it was a mistake. Allana Miller was my patient and as an R.N. I would be assigned to give her all her medications.

THE COMMISSIONER: Yes, but what would be the right thing, what should have happened?

THE WITNESS: Phyllis Trayner should have signed this.

THE COMMISSIONER: She should have signed it, yes. Well, this happens quite often I take it does it not, medications are given by some other nurse, by the team leader or something when you are busy, is that not quite regularly?

THE WITNESS: I would say that does not happen very often.

THE COMMISSIONER: Well, what's the procedure, what do you do when it does happen?

THE WITNESS: When it does happen, if



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2 I were to sign it I would have, for instance, if
3 Phyllis had been busy at the time I would have signed
4 given by Mrs. Trayner and signed my name.

5 MR. SOPINKA: Q. Well, of course,
6 Phyllis Trayner testified that she did administer that

7

A. That's right.

8 Q. And as I understand it if you had
9 thought at the time that you were making it up, I mean
10 filling up the chart, signed your name there, you would
11 remembered that it wasn't you but in the
12 circumstances when you were in the hurry to complete
13 the matter you didn't really direct your mind to who
14 had given it and signed it.

15 A. Right. Because she was my
16 patient and I assumed, forgetting that in fact I hadn't
17 given that medication, that I had given her all her
medications.

18 Q. Well, what do you remember about
19 the administration of that drug? Do you remember
20 Phyllis Trayner speaking to you about it or showing
you the drug that she was going to administer?

21 A. I was busy that night with Justin
22 Cook admitting him, as I say, and I also took him
23 to the echocardiogram room and I recall asking Phyllis

24

25



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2 to look after a medication that was already in the
3 buretrol and was going through because I would not
4 be back at the time that that medication, the ampicillin,
5 could have been finished.

6 THE COMMISSIONER: I'm sorry, which
7 that, which medicine was that?

8 THE WITNESS: At 11:00 I administered
9 the ampicillin, 350 milligrams I.V., it's the second

10 THE COMMISSIONER: Oh, yes, yes, I see,

11

12 THE WITNESS: I administered that one
13 ut I left the floor at about a quarter to 12 and that
14 medication had not finished running through. So, I
15 Mrs. Trayner if she would flush the I.V. when
16 that medication had finished. I think I returned to
17 the floor at about 12:30 and Phyllis came in to
18 Justin - -

19 THE COMMISSIONER: I'm sorry, just
20 before we get into this. You said you asked her to
21 flush it through. What was wrong with it? You say
22 it wasn't going through fast enough?

23 THE WITNESS: No. After a medication
24 has been put in a buretrol, just to make sure that
25 it has all gone through, that in fact the patient



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2 gets all the medication, you put in some fluid to
3 sort of wash it out, flush it.

4 THE COMMISSIONER: Wash it out where,
5 into the child or into a --

6 THE WITNESS: Wash the buretrol out
7 really and then it does go into the child.

8 THE COMMISSIONER: And you asked Mrs.
9 Trayner to flush out the...All I'm really asking about
10 this ampicillin, was this unusual or was this a
regular thing?

11 THE WITNESS: Again, normally I would
12 be doing it --

13 THE COMMISSIONER: No, no, I'm sorry,
14 is it a normal or a regular thing to have to flush it
out?

15 THE WITNESS: Yes, that's the procedure.

16 THE COMMISSIONER: You always have to
17 do that.

18 THE WITNESS: Yes.

19 THE COMMISSIONER: Yes.

20 MR. SOPINKA: Q. So, you asked Phyllis
21 to flush it out?

22 A. Because I wouldn't be there.

23 Q. Yes.

24 A. And when I returned to the floor,

25



1

9 2 as I say, which was about 12:30 again I was still
10 3 occupied with Justin Cook. I don't remember whether
11 4 I actually asked Phyllis to give the gentamicin or
12 5 whether she came into the room and said you're busy,
13 6 so I will give the gentamicin for Allana. She actually
14 7 showed me the medication card and the syringe with
15 8 the ampicillin drawn up in it.

9 Q. Well, do you know why she did
10 that?

11 A. Again, we don't normally have to
12 check antibiotics with one another, but perhaps,
13 knowing that Allana was my child and that she was
14 administering a medication to her, maybe she just
15 wanted to be sure that I knew that she was giving
16 the right drug and the right amount.

17 Q. So, there are some drugs that
18 you check with another nurse, but some that you don't?

19 A. Right.

20 Q. And gentamicin is an antibiotic?

21 A. Right.

22 Q. And it is not one of those drugs
23 that you have to check with someone else.

24 A. That's right.

25 THE COMMISSIONER: She showed it to you,
26 you say, you were with Justin Cook at the time?



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THE WITNESS: Right.

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THE COMMISSIONER: He was not in the
same room?

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THE WITNESS: No.

6

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THE COMMISSIONER: Well, did she come
to you?

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THE WITNESS: Yes, yes.

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THE COMMISSIONER: When she showed it,
what did she do, did she have it in a syringe at the
time?

THE WITNESS: I believe she had the
medication card.

THE COMMISSIONER: Yes.

THE WITNESS: And the empty vial.

THE COMMISSIONER: Yes.

THE WITNESS: And the syringe with the
medication drawn up in it.

MR. SOPINKA: I am going to another
topic, Mr. Commissioner.

THE COMMISSIONER: Yes. Well, we will
take 20 minutes then.

---Short recess.

DM.jc
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2 ---- Upon resuming:

3 THE COMMISSIONER: Yes, Mr. Sopinka.

4 MR. SOPINKA: Mr. Commissioner, the
5 balance of the examination of Susan Nelles will relate
6 to what has been termed the bizarre incidents. In
7 order to simplify it we have taken Exhibit 76 at the
8 preliminary, which is Exhibit 32B, Tab 76, and you
9 don't need to take it out because we have taken that
10 document as the basic document and corrected it, it
11 had some errors in it and where we have made
12 corrections we have given a reference to the volume
13 where the evidence actually is contained. Then, in
14 the right-hand column we have set out, with respect
15 to each of these incidents, what Susan Nelles was
16 doing at the time, which is based on notes that she
17 made at the time of the preliminary and certain
18 statements that were filed at the preliminary hearing
19 and so forth, and she will be covering what is in the
20 right-hand column in her evidence in chief, but it
21 will simplify it I think to have it all in chronological
22 order and to have a synopsis as it were of her
23 evidence in the right-hand column.

24 . I have handed the document out and I
25 have asked that that be marked as the next exhibit.

THE COMMISSIONER: Exhibit 391.



F.2

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---- EXHIBIT NO. 391: Copy of Exhibit 76 at
Preliminary Hearing.

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MR. SOPINKA: Q. Do you have a copy of
Exhibit 391 in front of you, Miss Nelles?

5

A. Yes, I do.

6

Q. And you of course have reviewed
the description of all the incidents in that exhibit?

7

A. Yes, I have.

9

Q. Did you make any of the phone
calls, or affix any of the lipstick, or do any of the
other things that are shown in that document?

10

A. No.

12

Q. Apart from the right-hand column?

13

A. No, I did not.

14

Q. Now, I want to go over this
with you. First of all, dealing with the three
incidents that took place on August 21st and August
22nd, there was a phone call at 10:30 to Maylin
Scott:

18

"Baby killer you and Trayner watch
out."

19

Where were you at 10:30 on August the
21st?

22

A. I was at the home of some friends,
Ron and Susan Berkis. I was in the process of looking

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F. 3

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2 for an apartment, and as it turned out that morning
3 I actually made a call to the landlord with reference
4 to an apartment and actually confirmed a lease at
5 that time.

6 Q Now it shows in the right-hand
7 column that you phoned the landlord at 10:30, was
8 Ron Berkis and Jennifer Leslie, were they present when
9 you made that phone call?

10 A Yes, they were. Not in the
11 immediate - they were not exactly in the same room
12 but they certainly would hear any kind of conversation
13 that I made.

14 Q And then you left at 11:15 and
15 drove to the landlord's office on Stewart Street and
16 then you drove to Belleville arriving at 2:30?

17 A Right.

18 Q And then eventually you went to
19 the cottage where you arrived at 6:30?

20 A That's right.

21 Q Now, this cottage is where?

22 A It is north of Kingston.

23 Q At Fourteen Island Lake?

24 A That's right.

25 Q Is there a phone in the cottage?

A No, there is not.



F. 4

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2 Q. Where is the nearest phone?

3 A. It would be across the lake at
4 the neighbour's.

5 Q. And did the phone in the
6 neighbour's house; how big a cottage is that, can you
7 make a phone call from that cottage without the
neighbours hearing what you are saying?

8 A. Not really because the phone is
9 in the central part of the cottage.

(2)

10 Q. And then, the other call on
11 August the 21st, we don't know the time, but in any
12 event did you make that call?

13 A. No, I didn't.

14 Q. Now then on August the 22nd
15 there is a phone call at 8:30 to Maylin Scott, the
16 same sort of message; where are you at that time at
17 8:30 on August the 22nd?

18 A. I am at the cottage.

19 Q. And then the second call is on
August the 22nd is at 2:30 in the afternoon, can you
tell us what you did that day?

20 A. I left the cottage that morning
21 at about 10:30 or so and I went to Kingston to pick
22 up some of my friends that were arriving, and one of
23 them was arriving at about 11 o'clock and then we

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waited until, in Kingston, until about 1 o'clock when the others arrived and then we drove back to the cottage. So I would think that at about 1430 I would have returned to the cottage by that time.

6

7

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Q. Now the next date is August the 23rd, and there are two incidents of lipstick being found on, first of all the rear window of the car of Phyllis Trayner, and then her locker; and at 3 p.m. there was a phone call allegedly taken by Ann Fernandez; what were you doing on August the 23rd?

11

12

A. Again I was at the cottage all day.

13

Q. It says you left the cottage and picked up Munson at about 1:30 p.m.

14

15

16

A. That's right, for a period of about an hour I went to Kingston to pick up another friend and again I returned directly to the cottage.

17

18

Q. Did you make any phone calls in Kingston?

19

A. No, I didn't.

20

Q. Or on the way, or on the way back?

21

A. No.

22

Q. Now the next is August the 24th, a phone call at 6:20, the same sort of message, and the phone call was to the Nursing Office and the

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F.6

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nursing supervisor believes the call originated
inside the Hospital, it was a female voice; what did
you do that day?

5

A. I was at the cottage.

6

Q. And did you go out of the cottage?

7

A. I went for a boat ride but other

8

we were --

9

Q. Is there any phone in the boat?

10

A. No.

11

Q. This is a very backward cottage

12

you don't have a phone in the boat. Then the next
August the 25th, between 6:30 and 7 a phone call,
similar sort of message to the switchboard of the
Hospital at The Hospital for Sick Children; what were
you doing that day?

13

A. In the morning I went with two

14

of my friends to Kingston, because one of them was
leaving, and then I came back to the cottage about
noon and then I was there, so that at 1830 or 1900
when this call came I again would have been at the
cottage.

15

Q. Then over on the next page,

16

August the 26th, at 2:20 there was a call, but there
is some evidence that indicates it might have been
1:25; a similar sort of message taken by the bank

17

18



F.7

1

2 manager at Phyllis Trayner's bank. First of all,
3 did you know where Phyllis Trayner had her bank?

4 A. No, I didn't.

5 Q. And what were you doing at
6 either 1:25 or 2:20?

7 A. Again myself and two of my
8 friends were at the cottage and we left at about,
9 somewhere between 2 and 2:30 to drive to Ottawa. So
10 if it was 1325 I still would have been at the cottage;
11 if it was 1420 I would have been in the car on the
way to Ottawa.

12 Q. And you stayed in the car, you
13 sent Nancy for ice cream, but you stayed in the car?

14 A. Yes.

15 Q. And then you arrived at Pam's
house at 4:30?

16 A. Right.

17 Q. What was the purpose of this
18 Ottawa trip?

19 A. Pam was being married on that
Saturday.

20 Q. Now the next, August the 27th
21 at 2:30, there is a phone call to Mr. Trayner's place
22 of employment. Did you know where Mr. Trayner worked?

23 A. No, I didn't.

24

25



F.8

1

2

Q. What were you doing at 2:30?

3

4

A. I was in Ottawa that day. I
don't know exactly what I was doing at 2:30 but I
would have been with some friends in Ottawa.

5

6

Q. Now then on August the 28th there
is a call at 4:45 p.m. taken by Ken Laird at the
apartment building where Phyllis Trayner lives. What
were you doing at 4:45?

7

8

A. That day we had gone to Meach
Lake and at about a quarter to five I believe I would
have been in the car going back to Nancy Bennett's
house.

9

10

11

12

Q. Now on August the 29th there
are three incidents. Mr. Commissioner, I might point
out that the second one, the telephone call taken
by Lillian McGraw was not in exhibit at the preliminary
but it is supported by evidence at the preliminary.
The third incident, the phone call taken by M. Farr
was incorrectly noted in Exhibit 76 at the preliminary
as being August the 25th, that should be August the
29th and therefore we have included it in these, in
chronological order.

13

14

15

16

17

18

19

20

Now August 29th, the first incident
there is a lipstick mark on the front door of the
apartment found between 6:30 and noon. Then at 11 p.m.

21

22

23

24

25



F.9

1

2 there is a telephone call which is received by
3 Lillian McGraw at the switchboard of The Hospital
4 for Sick Children, and it was thought to be a local
5 call. On August the 29th, the same day at 7 p.m.,
6 a Mr. Farr on the switchboard, or M. Farr, received
7 a call from a husky female voice and this was an
8 outside call. Now, what were you doing on August the
9 29th?

10 A. That was the day of Pam's wedding
11 and in the morning I was doing errands and whatnot to
12 prepare for the wedding and then the wedding started
13 at four, and from then on I was at the wedding, I was
14 a bridesmaid at the wedding, and then continued on
15 to the reception into the evening.

16 Q. And I understand there were
17 photographs taken at both locations?

18 A. Right.

19 Q. And you didn't take time out to
20 make any hate phone calls?

21 A. No, I didn't.

22 Q. Then the next day, August the
23 30th, there are a whole series of incidents. A phone
24 call at 2:05 p.m., taken by Sergeant Hill of the
25 Homicide Squad, which he noted was dialled directly
not through an operator. A lipstick mark on the



F.10

1

2 front door apartment of Phyllis Trayner, which was
3 found between 12 and 4 p.m. One on the fire hose at
4 the same time. At 9:25 a phone call to Liz Radojewski's
5 home, no voice, and another one at 9:55 and another
6 one at 10:35, the 10:35 message:

7

"Trayner dies first then Scott."

8

Now tell us what you were doing on
August the 30th?

9

A.

In the morning I took the train

10

with Wendy Munson from Ottawa to Belleville, and I
believe we arrived at around 1:30. My father picked
us up at the train station and we went home for a
short period and then my mother, father and Wendy and
myself left by car, we drove to Erin Mills where we
dropped Wendy off and then went on to Burlington to
meet with some relatives.

16

17

18

19

20

21

22

23

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Nelles
dr.ex. (Sopinka)

7986

2apr84
G
BMcrc

1
2 Q. Yes. How long were you
3 in Burlington, approximately?

4 A. I would say for perhaps
5 three hours.

6 Q. And was that a meeting of
7 relatives?

8 A. Yes, it was.

9 Q. A social gathering of
10 relatives?

11 A. Yes.

12 Q. How many people were there?

13 A. I am not sure. I would say
14 somewhere around fifteen.

15 Q. And did you have dinner there?

16 A. Yes.

17 Q. And then later you drove
18 to your uncle's home in Ancaster?

19 A. That's right.

20 Q. Where you stayed overnight?

21 A. Right.

22 Q. Did you make any phone calls
23 either in Burlington or in Ancaster?

24 A. No, I didn't.

25 Q. And did you go anywhere near
Phyllis Trayner's apartment?



G2

1 A. No, I didn't.

2 Q. Where was it anyway? Was it
3 in this area, around Erin Mills, Burlington or Ancaster?

4 A. I really didn't know exactly
5 where Phyllis lived. I know now because of the
6 evidence at the preliminary.

7 Q. Well, where is it?

8 A. I believe it is --

9 THE COMMISSIONER: I take it this is
10 a former --

11 MR. STRATHY: I wonder if it really
12 matters at this stage where she lives?

13 MR. SOPINKA: Well, perhaps if --

14 THE COMMISSIONER: But if it is a
15 former address, it might be -- if this was a former
16 address but if it is the same address I think it would
be wise not to.

17 MR. SOPINKA: Well, I don't know.

18 Q. It is not in Burlington,
19 Ancaster or in Mississauga, Erin Mills, in that area?

20 A. . It is certainly not in Erin
21 Mills or Ancaster or the Hamilton area, no.

22 Q. Okay. Well then turning to
23 August 31st at 6:10 there is a phone call taken by
24 Ken Laird, Superintendent of the building where the

25



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7988

G3

1

2 Trayners live, same sort of message. What were you
3 doing on August 31st?

4 A. In the morning my parents and
5 I left Ancaster and drove to Toronto where we were
6 meeting with both David Cole and Austin Cooper that

7 Q. And then you had a drink in
8 the Sheraton Centre. What time were you in the
9 Sheraton Centre until?

10 A. I believe the meeting with
11 Mr. Cooper went until about 4:30 and after that we
12 went to the Sheraton Centre and I believe we were there
13 for about two hours.

14 Q. And then September 1st there
15 is a phone call to the receptionist at Bathurst
16 Consolidated, the same sort of message, and this is
17 at 10:05. What were you doing at 10:05 on September
18 1st?

19 A. I'm not exactly sure where I
20 was that morning. I had stayed overnight at John
21 and Allison Woodbury's house and I had then gone to
22 the Berkis' place some time that morning but I am not
23 sure when it was.

24 Q. Well, did you make any
25 phone call to Mr. Trayner's place of employment that



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7989

G4

1 day?

2 A. No, I didn't. I didn't know
3 where he worked.

4 Q. And then September 2nd is a
5 lipstick mark found on the apartment door by Mike
6 Trayner. What were you doing that day?

7 A. I took a bus back to Ottawa
8 from Toronto that day.

9 Q. And you had left at what time?

10 A. Nine o'clock.

11 Q. And arrived at what time?

12 A. I believe it was supposed to
13 arrive around two and it got into Ottawa at 1:15
14 and Nancy came shortly afterwards to pick me up and
15 take me back to her place.

16 Q. Now, on September 3rd there
17 was a phone call to the Fort York Armouries taken
18 by Ross Atkinson. This is a place where Mr. Trayner
19 is warrant officer and the phone call was "Phone
20 call, Warrant Trayner's wife will die." Did you know
21 that Mr. Trayner was a warrant officer?

22 A. No, I didn't.

23 Q. And where were you at either
24 3:14, or it might have been some time between 1:00 and
25 3:00?



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Nelles
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G5 2

A. Nancy and I were flying to
Vancouver that night, so I was at Nancy's home for
the afternoon.

5 Q. Now, you left for Vancouver
6 : 6:00 p.m.?

7 A. Right.

8 Q. And how long a flight was it?

9 A. It is about a four and a half
10 five hour flight.

11 Q. Well now, when the phone call
12 of September 3rd at 8:13 was received by Lillian
13 McGraw on the switchboard of The Hospital for Sick
14 Children where were you?

15 A. I was in the air.

16 Q. And then at 11:28, or it might
17 have been -- yes, 11:28 or 11:28 a.m., one or the
18 other, there is a conflict in the evidence, a phone
19 call was received by Christina Sproule at the switch-
20 board of The Hospital for Sick Children, who said it
21 wasn't long distance, where were you?

22 A. I was in Vancouver.

23 Q. And when the lipstick mark on
24 September 20th was discovered on the automobile of --
25 Phyllis Trayner's automobile, were you still in
Vancouver?



G6

1

A. Yes, I was.

2

Q. And you returned from
Vancouver on September 23rd?

3

A. That's right.

4

Q. At what time?

5

A. The flight arrived back in
Toronto at 4:10.

6

Q. 4:10 p.m. on September 23rd?

7

A. That's right.

8

Q. And at the preliminary hearing
was an invoice put in for that trip that showed the
times you were in Vancouver and so forth?

9

A. Yes.

10

Q. Well then, on September 23rd
at 9:23 a phone call was received by Alice Pilon,
at the switchboard of The Hospital for Sick Children,
same sort of message. Where were you at 9:23, having
returned from Vancouver at 4:10 p.m.?

11

A. Again, some friends picked me
up at the airport and I went to stay at the home of
Pam and Dan Hitchcock that night.

12

Q. So, you would have been at
their home at that time?

13

A. That's right.

14

Q. Now then, on September 24th

15

16

17



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7992

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G7

2 at 4:10 a.m. lipstick marks were found on the lockers
3 of Phyllis Trayner and Sui Scott. Were you anywhere
4 near The Hospital for Sick Children on that date?

5 A. No, I wasn't.

6 Q. And then on the same day at
7 11:50 a lipstick mark was found on the apartment
8 door, fire extinguisher cabinet door of Phyllis
9 Trayner's apartment. Were you anywhere near her
apartment on that day?

10 A. No. I was on the way to
11 Belleville from Toronto that morning.

12 Q. And what time did you leave?

13 A. I believe it was around 10:00
or 10:30.

14 Q. So, you had spent the night
15 at Pam Seasons' apartment?

16 A. That's right.

17 Q. And you left at 10:00 or 10:30?

18 A. That's right.

19 Q. To go to Belleville?

20 A. That's right.

21 Q. And then you arrived at
Belleville at what time?

22 A. About one o'clock.

23 Q. Now, the next day, September

24

25



1

G8

2

25th, you are in Belleville at your parents' home?

3

A. That's right.

4

Q. On that day at 1:50 a.m. propranolol was found in the soup and salad of Phyllis Trayner and Sui Scott. I take it you weren't anywhere near the Hospital, you were in Belleville?

7

A. That's right.

8

Q. On October 3rd it appears some over-zealous photographer rushed in to take a picture, and I don't think you are accused of that.

11

On October 4th at 7:58 there is a phone call received by Alice Pilon on the switchboard of The Hospital for Sick Children. Where were you on that date, at that time?

14

A. Again, I was still at home in Belleville.

16

Q. And did you make any phone call to The Hospital for Sick Children that day?

18

A. No, I didn't.

19

Q. And then again on October 4th there is a phone call to the switchboard taken by Alice Pilon, same sort of message. This is at 8:13, or it might have been 11:13. What were you doing on October 4th at that time?

23

A. I had moved into a new

24

25



1

G9 2 apartment on that day.

3 Q. And was there a phone in the
4 apartment?

5 A. No.

6 Q. It says, "No phone in apart-
7 ment until October 8." Is that accurate?

8 A. Yes.

9 Q. Now, on October 7th at 7:15
10 propranolol was found in the yoghurt of Phyllis
Trayner. What were you doing on that day?

11 A. Again, I had just moved into
12 my new apartment, so I was getting organized.

13 Q. And then finally on the last
14 page, on February 19th at 5:00 p.m., there is a phone
15 call received on Ward 8A by Miss Leonard. This was not
16 of course an exhibit at the preliminary, Mr.
17 Commissioner. Were you attending the preliminary
18 hearing on that day?

19 A. Yes, I was.

20 Q. And what time did His Honour
21 Judge Vanek ordinarily rise in the afternoon?

22 A. Usually around 4:30.

23 Q. Did you make any phone call to
24 Ward 8A?

25 A. No, I didn't.



1

G10 2 MR. SOPINKA: Fine. Thank you. That
3 completes my examination.

4

THE COMMISSIONER: Yes, thank you.

5

Mr. Lamek.

6

EXAMINATION BY MR. LAMEK:

7

Q. Miss Nelles, a few things
first if I may arising out of what Mr. Sopinka has
asked you. You told him I think that on occasion
you worked with Phyllis Trayner while you were both
on Ward 5A?

10

A. That's right.

11

Q. Can you give me any better
idea how frequently that occurred?

12

A. As I said before, Mrs. Trayner
was not on my team at that time so that the occasions
that I worked with her were probably quite rare. The
times that I specifically remember working with her
were when I first came to the floor and I was in
orientation and I was assigned for a two or three-day
period to orient with Miss Morrin at that time.

13

Q. That's right. She was then
Miss Morrin. Can we call her, though, Mrs. Trayner
throughout so that we are all talking about the same
person.

14

On the occasions when you did work

15



Nelles
ex. (Lamek)

1

G11 2 with her on 5A she was not then a team leader, I take

3
4

A. That's right.

Q. And did you get along perfectly well with her on the occasions that you worked 6
together?

7

A. As I say, it was rare but,
8 yes, we got along.

9

Q. Now, you told Mr. Sopinka
10 that you were not disappointed when you were not made
11 a team leader when the service moved down to the
fourth floor.

12

A. That's right.

13

Q. Indeed, you didn't expect to
14 be, you didn't have enough experience?

15

A. That's right.

16

Q. But I take it that you had
17 hopes that at some point you would become a team
leader?

18

A. Eventually, yes.

19

Q. Because I take it you are
20 reasonably ambitious in your profession?

21

A. I think so, yes.

22

Q. When you did move down to
23 4A/B in the beginning of April, the end of March 1980,

24

25



Nelles
ex. (Lamek)

1

G12 2 did you in the period prior to joining Mrs. Trayner's
3 team work with her from time to time on that floor?

4 A. I don't remember having worked
5 with her very often, no.

6 Q. Okay. But you were on Ward 4A
7 in those initial months?

8 A. Yes.

9 Q. April, May and June. I take
10 it therefore you didn't work frequently on Mrs.
11 Trayner's team, you didn't have much opportunity to
12 see her at work, I take it you would be on different
shift schedules?

13 A. That's right.

14 Q. Okay. Could you help me with
15 a little more precision when you joined Mrs. Trayner's
team in June?

16 A. I don't remember exactly when
17 it was.

18 Q. Was it in the early part,
19 the middle part or the late part of the month? Can
we go that far?

20 A. I think I have been told it
21 was around the 1st of June but I don't remember
22 specifically when it was.

23 Q. Now, you came to The Hospital

24

25



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Nelles
ex. (Lamek)

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- 1
- G13 2 for Sick Children in October of 1979, I take it?
- 3 A. Right.
- 4 Q. And you had had some ex-
5 perience at Vancouver General in pediatric cardiology?
- 6 A. Minimal, yes.
- 7 Q. Yes. Was there some sort of
8 orientation program at the Hospital when you first
9 joined the cardiology service? You mentioned it a
moment ago. Can you tell me what it consisted of?
- 10 A. As I say, when I first came
11 to the Hospital I was assigned to another floor, 6A.
- 12 Q. Yes.
- 13 A. So, I had general orientation
14 to the Hospital itself which any employee starting
at the Hospital would receive.
- 15 Q. Yes.
- 16 A. When I did transfer to the
17 cardiology ward, I believe it was a two-week orienta-
18 tion and at that time it was Mrs. Radojewski who was
19 the teaching team leader and she held a number of
sort of classes and seminars as to the various
20 conditions of the children on the floor and then,
21 for a four-week period, we worked straight days rather
22 than any shift to get used to the running of the
23 floor.
- 24
- 25



H
DM/PS

1
2 O. As I understood you, certainly at
Vancouver you had enough of a taste of pediatric
3 cardiology to know that is what you wanted to do when
4 you came to Sick Children's?
5

6 A. Yes.
7

Q. Did you undertake any course of
study, or attempt any self-education in cardiology?
8

A. I took one extra curricula
course that was on pediatrics, physiology, mainly
9 the physiology of the heart.
10

11 Q. I take it that either at the time
you joined the cardiology service at Sick Children's,
12 or shortly thereafter, you acquired a knowledge of
13 the drugs that are commonly used in cardiology?
14

A. Yes.
15

Q. You would be familiar with
dieuretics from other areas of nursing practice I take
16 it.
17

A. Yes.
18

Q. And you found they were commonly
used on the cardiology wards?
19

A. Yes.
20

Q. And in particular for treatment of
congestive heart failure?
21

A. Right.
22

23
24
25



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Nelles
cr. ex. (Lamek)

8000

1

2

O. And you also acquired a familiarity
with digitalis preparations I take it?

4

A. Yes.

5

Q. I take it you learned that was a
drug with a small margin of safety.

6

A. What do you mean?

7

Q. That is to say if you give a
little bit too much it could be damaging to the child?

9

A. Yes.

10

Q. You therefore had to calculate
and administer doses with absolute precision when you
are dealing with a drug of that kind?

12

A. Yes, because you are dealing with
decimal points.

14

Q. You said you always wanted to be
a nurse, that is your recollection of your career
plans when you were quite young. I take it you are
proud of your profession, Miss Nelles.

18

A. Yes, I am.

19

Q. And you are eager to do well.

20

A. Yes.

21

Q. Do you regard yourself as a good
nurse?

22

A. I would think so.

23

Q. I tell you, it will come as no

24

25



1
2 surprise to you to know that many of your colleagues
3 here have said the same thing as they said at the
4 preliminary inquiry, that they think well of you as
5 a nurse. I take it you were keen to learn and to
6 enlarge your knowledge and hone your skills as a
nurse?

7 A. I think so, yes.

8 Q. I would take it you were not
9 afraid to ask questions if there were matters going
10 on around you that you didn't understand.

11 A. I would hope so, yes.

12 Q. Now, you were on the cardiology
service from October, was it, of 1979?

13 A. Right.

14 Q. Right through as we know until
15 March of 1981. Prior to coming to the Sick Children's
16 Hospital at all, in the year that you spent in Vancouver,
17 what was your experience with death on the wards?

18 A. Very limited.

19 Q. The kind of wards you were involved
in in Vancouver I take it were not wards upon which
20 deaths frequently occurred.

21 A. That's right.

22 Q. Between October, 1979 and June
23 of 1980, while you were working on - I'm sorry -until



1

4 April, 1980 while you were working on Ward 5A, do you
3 recall how many deaths occurred in that period, on the
4 ward?

5 A. I don't remember how many occurred
6 on the ward, no.

7 Q. Could you give me an estimation,
8 more than five, less than five?

9 A. I only know that there was one
10 when I was actually working, as I say, I don't know.

11 Q. Do you recall one death while you
12 were on duty?

13 A. Right.

14 Q. While you were on Ward 5A?

15 A. Right.

16 Q. And we know how many deaths there
17 were on 4A/B between the time you moved down and the
18 30th of June, and my recollection from the evidence is
19 that there were two.

20 Did you in the period from October of
21 1979 until June 30th, 1980 participate in any resuscita-
22 tion efforts?

23 A. As I say, I remember being on
24 duty on 5A when there was one death, but it was fairly
25 early on, I had really just started on the ward and
I did not feel qualified enough to take an active part



1

5 2 in the resuscitation, so I believe that I was sort of
 3 helping in terms of going to get things.

4 Q. And was that an unsuccessful
 5 resuscitation effort?

6 A. I believe it was successful.

7 Q. Let me understand this. You recall,
 8 if I have it correctly, one successful resuscitation
 9 effort following a cardiac arrest I take it.

10 A. I think it was successful but
 11 I can't really remember.

12 Q. Do you in addition recall a death
 13 on the ward while you were on duty?

14 A. Not while I was on duty, no.

15 Q. Not while you were on duty?

16 A. No.

17 Q. So you recall only then one
 18 arrest which you think may have been the subject of a
 19 successful resuscitation effort?

20 A. I think so, yes.

21 Q. Now, we have heard evidence here,
 22 Miss Nelles, from the staff cardiologist at the
 23 hospital, and particularly from Dr. Rowe, that
 24 deaths on the cardiology wards were not common. I
 25 believe Dr. Rowe said that patients from the cardiology
 26 service died in the operating room, or in the ICU, but



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8004

1
2 did not often die on the wards. Was that consistent
3 then with your experience prior to July of 1980?

4 A. Well, as I said, I had only
5 participated in one.

6 Q. But you were aware I take it that
7 some children went up to the OR and did not return.

8 A. Yes.

9 Q. And some became very sick and
no doubt were sent to the ICU and did not return.

10 A. Right.

11 Q. I want to look at the on the
12 ward deaths with you that occurred from June 30th,
13 1980 until March 22nd, 1981. I want to look if we
14 can at each of the deaths which occurred when you were
15 on duty, and I tell you especially those which
16 the authors of the Atlanta Report and their consultants
17 have placed in there, what they call categories A and
18 B, you are familiar with the Atlanta Report, I take
it?

19 A. Yes.

20 Q. They placed in that categories
21 A and B those deaths which gave rise in their view
22 to any measure of suspicion. I take it that in
23 discussing these deaths and especially those in the
24 early part of what we call the epidemic period, that is

25



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8005

1
2 to say, in July and August; as you have told us you
3 had at that time little experience of death among
4 pediatric cardiology patients.

5 A. Yes.

6 Q. And I take it therefore no
7 experience as to the manner in which such children
8 might die?

9 A. That's right.

10 Q. You didn't know whether it was
11 a slow and painful descent, the death, or a sudden
12 thing, or anything of that sort, you had no background
13 or experience.

14 A. No.

15 Q. Now, Miss Nelles, I have at
16 earlier times shown to you a chart which I have had
17 prepared and I have forgotten the exhibit number.

18 THE COMMISSIONER: 383.

19 MR. LAMEK: Yes, that is the one, Mr.
20 Commissioner. Yes, thank you.

21 Q. Perhaps I can - yes, Exhibit 383.
22 Let me give you a copy of that so we can look along
23 at the same time.

24 That chart purports to show, as you
25 see, who was on duty for each of the 29 deaths
categorized by the Atlanta authors and their consultants



1

8

2 as A and B category deaths. It shows not only who
3 was on duty on the ward upon which the child died,
4 or in the case a couple of them got into serious
5 trouble, like Pacsai, but also those who were on duty
6 at that time on the opposite side of the ward. I
7 think you understand the structure of this, don't you?

8 A. Yes.

9 Q. Can you first of all, Miss Nelles,
10 please confirm for me that the chart, to the best of
11 your recollection, accurately shows your presence or
12 absence for those deaths, you see your own initials
13 in the --

14 A. We are talking until the end of
15 (3/30)?

16 Q. No. I am looking really right
17 through to March 22, 1981.

18 A. Yes.

19 Q. Does this accurately set out
20 whether you were present or not and which wards you
21 were on?

22 A. Yes.

23 Q. Miss Nelles, it is no secret,
24 you have discussed with me, of course, the evidence
25 you will be giving here, have you not?

A. Yes.



1

2

Q. I understand with respect to
many of the children listed on this chart you have
little or no recollection of the events leading up to
and surrounding their deaths, is that fair?

3

A. That's right.

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Q. Now I want you to know, however,
that I will nevertheless ask you about each of these
deaths for which you were on duty, but I won't
tarry over this too much, you have little or no
recollection. The medical charts I think are beside
you and if they are not, Mr. Elliot, the Registrar,
will provide you with them. I hope they are in the
order in which I propose to deal with them, by all
means feel entirely free to refer to the chart when-
ever you think it might be helpful to you.

A. All right.

Q. I think also beside you there

should be copies of the assignment books for Wards
4A and B to the extent they are available, and for
4A we know they are available for the whole period,
they are parts of Exhibit 32A and 32C. There are the
Wards 4A and 4B communication books and the ward
Meeting Books, I think Mr. Elliot has put them out
for you as well. Finally I hope he has the WIN
sheets for Ward 4A, we are not short of paper in this



10 1 inquiry as you see.

3 2 MR. SOPINKA: Over the lunch hour we
4 3 will hire a librarian.

5 4 Q. Notwithstanding that, Miss
6 5 Nelles, if in the course of giving your evidence there
7 6 is anything else which you think would be helpful to
8 7 refer to, please let me know and we will do our best
9 8 to provide it.

10 9 Now, the first child on the chart is
11 10 Laura Woodcock, who as we know died on June 30th, 1980
12 11 at 9:40 in the morning on Ward 4B. You had been on
13 12 duty on Ward 4A for the long night shift that ended
14 13 at 7:15 - 7:30 that morning. You had been there, as
15 14 disclosed by the chart, with Phyllis Trayner and Sui
16 15 Scott and it was Mrs. Rogers who was relieving on both
17 16 wards that night. Do you have any recollection of
18 17 Baby Woodcock, Miss Nelles?

19 18 A. No, I do not.

20 19 Q. Do you have any recollection of
21 20 the events of the long night shift on June 29th-30th
22 21 leading to her arrest?

23 22 A. No, I do not.

24 23 Q. Do you recall whether you attended
25 24 at the resuscitation effort on that child?

26 25 A. I don't specifically remember, but



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Nelles
ex. (Lamek)

8009

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11 2 it was common policy that if a child arrested on
3 4B and I was working on 4A I would probably go to the
4 arrest, yes.

5 Q. You have no particular recollection
6 of it?

7 A. No, I'm sorry, I don't.

8 Q. To the best of your recollection
9 did you see Laura Woodcock that night?

10 A. I do not recall. I imagine it
11 would be unlikely that I would have seen her before
12 the arrest.

13 Q. We have heard, Miss Nelles, from
14 other nurses that with some it was not uncommon for
15 them to go from one side of the ward to the other,
16 particularly at night, to have a look at the babies
17 there and to talk to the nurses on duty, or was that
18 a practice that you had?

19 A. I would say I rarely went
20 and looked at the babies on 4B. I certainly would
21 talk to the nurses at the back of the nurses' station,
22 and if, for instance, an alarm or something went
23 off on 4B and the nurses were obviously busy then I
24 would go over there. I would not say it was a common
25 practice of mine to go over and to look at the
children on 4B.



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8010

Nelles
ex. (Lamek)

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1 Q. Is it something you can recall
2 having done occasionally?

3 A. Occasionally.

4 Q. In the nine month period that
5 we are looking at is it fruitful at all to ask
6 you your best estimate of the number of times you
7 might have visited on 4B?

8 A. Other than when I was actually
9 called over to 4B for a purpose, I would say it would
10 be less than 10 that I would go over and look at the
11 children on that side.

12 Q. We know that on occasion, Miss
13 Nelles, and we will come to those occasions, you
14 acted as team leader on 4A.

15 A. Yes.

16 Q. When you were acting as team
17 leader on 4A, did you more frequently go over to the
18 other side of the ward, on to 4B?

19 A. Again, I don't remember going over
20 to 4B, even when I was team leading. I think that
21 it was sort of common practice that I would talk to
22 the team leader on 4B and ask her if there was anyone
23 who she was particularly worried about that night and
24 in that case sometimes I would go over and look at
25 the child that they were concerned about, but again



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Nelles
ex. (Lamek)

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I would say that was rare.

3

Q. I take it the reason for that is that the team leader on each side could be called upon to help with a problem on the other side.

5

A. That's right.

6

Q. And therefore will try to inform herself of what the potential problems are on the other ward?

9

A. Right, but she also usually has enough to look after on her own ward.

11

Q. Let's then move to Alan Perreault, he is not on the list. He died, you may remember, on July 8th at 1:45 in the afternoon and you were not on duty, you were working long nights, you can take my word for that if you don't recall it precisely. Do you have any recollection of that child, Miss Nelles?

17

A. No, I do not.

18

Q. You have no recollection of having seen him, or dealt with him, or taking care of him prior to the day of his death?

20

A. I don't really remember him, no.

22

Q. We then come to Andrew Bilodeau and he died at 2:10 in the morning of

24

25



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Nelles
ex. (Lamek)

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July 22nd in Room 418, and you were not only on duty for that death on that ward, but I believe you were assigned to care for him, were you not?

A. Yes, I was.

Q. And if we look at the assignment book, which is in the very great big binder, Exhibit from the preliminary inquiry, Volume 3; and if you look there under Tab 89 I think you will see the assignment book for Ward 4A for June 28th to August 24th, okay?

A. Right.

Q. I take it that what we need is the assignment sheet for the long night beginning July 21st, and you will see page 49 in the right hand corner.

16

17

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M/ak
3 Q. Just so that we have everybody's
4 assignments clear, and we should do it with each of
5 the deaths where you were involved, Miss Nelles, it
6 appears does it not that Miss Morrin, Mrs. Trayner
as she later became, was team leader that night?

7

A. Yes.

8

Q. Had some patient assignments
9 though which I gather was a little unusual for a
team leader.

10

11

A. I don't know whether I would
say it was unusual.

12

Q. Okay.

13

14

A. Sometimes they had to take
patient assignments because of lack of staff.

15

16

Q. Well, she had three patients
that night; one in 423, one in 426 and then a child
in 418.

17

18

A. It would be unusual that she
would have that many, yes.

19

20

Q. And you were assigned to four
patients in Room 418; one of those as I understand
was Bilodeau, is that right?

21

22

A. Yes.

23

24

Q. Mrs. Christie was sick and
not there and you had a relief from 7:00 to 11:00

25



and another one from 11:00 to 7:00 and they were looking after children in Rooms 421 and 425?

A. That's right.

Q. Now, was this the first occasion since you had joined the cardiology service at the Hospital that a patient of yours had arrested?

A. Yes.

Q. You had been on duty for another arrest, as you have told us, on 5A?

A. Right.

Q. But that was not your patient?

A. No.

Q. Bilodeau was your patient and got into trouble in the early hours of the morning and suffered a cardiac arrest and that was the first time that that had happened to you since you came to the Hospital?

A. That's right.

Q. Do you have any particular recollection first of Andrew Bilodeau? By all means if it would be of assistance to you the chart is there, Miss Nelles, you might want to look at it.

A. I remember that he was a child that was ill and had a condition called truncus.

Q. Truncus, yes.



1
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3 A. Which is rare. I certainly
4 knew the physiological basis for truncus and that
5 oft times the prognosis was not that good.

6 Q. All right. Do you have any
7 particular recollection of the events of the shift
8 prior to his arrest?

9 A. I can only remember that he was
10 in an Isolette in 418 but I don't --

11 Q. And I take it -- I'm sorry?

12 A. I don't remember either the
13 events of that evening as to what I did before the
14 arrest.

15 Q. Okay. And I take it that
16 looking at your nursing note for that shift it
17 would probably not jog your memory?

18 A. Well, what's written here
19 would have been my observations of that child during
20 that night.

21 Q. And that's at page 24 of the
22 medical chart?

23 A. Right.

24 Q. Those are your observations
25 but I take it you have no independent recollection?

26 A. No, I don't.

27 Q. Miss Nelles, I guess we can



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Nelles, ex.
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2 all read them and there is no point asking you to
3 recite what you have written unless it serves to
4 jog an independent recollection. Can you please
5 characterize for us upon your quick review of that
6 note your impression of the child prior to the time
7 of his arrest? Was he stable, was he doing well,
8 was he precarious, how would you characterize that
9 child?

10 A. Well, he was showing some
11 difficulties with respiration and I wrote that he
12 had substernal and intercostal indrawing, which
13 would say that he was having difficulty with his
breathing.

14 Q. Yes.

15 A. He was on - he wasn't on
16 oxygen, I'm sorry. I wrote that he had decreased
17 air entry to some of his lobes of his lungs and he
18 required suctioning. So, I would say that his
19 respiratory status at least was a problem. He was
20 vomiting, I administered his medications and his feed
21 which he vomited twice and because of that an
intravenous had to be started on the baby. His
22 output was not good so he required Lasix which
23 would probably indicate he was having some problems
24 with heart failure. So, I would describe him in the
25



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early course of the evening as being a very ill child.

Q. Now, you cannot of course recall what your feelings or views were at the time because you don't recall the night?

A. Right.

Q. But upon reviewing the notes that you made of the early part of the shift until 1:25 in the morning is that a child about whom you would have had some concern that he might be at imminent risk of death? If you were to read that note knowing what the physiological problems of the child were, would you be concerned that that child was at serious risk?

A. He was at risk, yes, but I don't believe that I would be qualified to know whether I felt that he would die.

(2) THE COMMISSIONER: I am sorry, you don't know that you would be qualified to say that or is that what your feeling was?

THE WITNESS: I don't think that I would be qualified.

THE COMMISSIONER: No.

THE WITNESS: He was at risk, definitely.

MR. LAMEK: Q. Was that true to a



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2 greater or lesser extent of virtually every patient
3 on the floor?

4 A. I'm sorry, I don't understand.

5 Q. Was that true to a greater or
6 lesser extent of every patient on the floor in the
7 Cardiology Service that they were at risk?

8 A. I would say there would be some
9 children that were certainly more at risk than others.

10 THE COMMISSIONER: Well, when you say
11 at risk, do you mean he was at risk of death that
night?

12 THE WITNESS: He warranted my
13 attention as a nurse, yes, but I don't know, and
14 certainly with this child particularly where I had
15 never dealt with death and did not know, did not have
16 a good sound basis in the past as to looking after
17 very sick babies with cardiac conditions and
particularly truncus.

18 MR. LAMEK: Q. All right. Your note
19 discloses, Miss Nelles, that at 1:25 in the morning
20 the child you say was found to have an apical rate
21 of 60 to 70. Do you have any recollection whether
this child was on a monitor?

22 A. I'm sorry, I don't.

23 Q. Or whether you were present in

24
25



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2 the room when that observation was made or whether
3 you were summoned to the room?

4 A. My recollection is that I was
5 in the room but I can't say for sure.

6 Q. And that the child suddenly
7 became bradycardic?

8 A. That's right.

9 Q. And was in respiratory distress.
10 I take it that that was more so than he had
11 previously manifested?

12 A. Definitely.

13 Q. Yes. Two minutes later a Code
14 was called, three minutes thereafter the cardiac
15 arrest team arrived and the child subsequently was
16 pronounced dead?

17 A. Yes.

18 Q. Now, you had four children in
19 that room that night, Miss Nelles. Without having a
20 close recollection can I reasonably infer that you
21 spent most of the night shift in that room?

22 A. Yes.

23 Q. You had no patients anywhere else?

24 A. That's right.

25 Q. Mrs. Trayner had a child in that
room. Do you have any recollection at all of seeing



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her in the room and how frequently she may have been
there in the course of a shift?

4

A. I do not remember.

5

Q. And the assignment book discloses
that nobody else had a child in that room that night.
6 Do you have any recollection whatsoever of seeing
anyone other than Mrs. Trayner and yourself in that
room?

7

A. I don't remember.

8

Q. None at all?

9

A. I'm sorry.

10

Q. Now, that child as we know from
your note, and indeed from the medication sheet at
page 38 of the chart, he was receiving aldactazide
13 and digoxin and on the night that he died you signed
as having administered each of those two medications
15 and in each case there is a note "vomited". Is that
17 your notation?

18

A. Yes, it is.

19

Q. Just as a matter of curiosity,
20 what happens if you orally administer a drug to a
child who promptly vomits?

21

A. You normally repeat it, which I
believe my record was that I did that and again he
vomited and that was the point in time when the

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2 physician ordered that he should have an intravenous
3 and I believe he ordered that the medication be given
4 intravenous. Again, that's only by the notes.

5

Q. I confess I hadn't - were the
medications repeated following the vomiting?

6

A. Yes.

7

Q. I confess I didn't read that back
8 on the note on page 24. Could we turn to it for a
9 moment. I notice under Nutrition the note reads:

10

"Vomited 2100 feed with medications
11 aldactazide and digoxin, repeated feed
12 by NG",

13

nasogastric tube, and I take it again vomited the
entire amount. Do I read that as meaning that the
14 aldactazide and digoxin were also repeated?

15

A. I would think so, yes, because
if he had vomited his feed with the medications then
he would not have obtained them.

16

Q. Okay. You would so read the
note, you have no particular recollection?

17

A. I'm sorry, I don't.

18

Q. All right. Other than the
prescribed doses of digoxin and aldactazide that child
was to receive that night and on the assumption that
you did what you have now suggested and repeated the

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Nelles, ex.
(Lamek)

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I.10

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2 administrations because of the vomiting, did you
3 administer any other medications of any kind to that
4 child that night?

5

A. No, I did not.

6

Q. And did you administer the two
medications in the doses prescribed?

7

A. Yes, I did.

8

Q. Are you aware of anyone else
9 having administered any drug of any kind to that child
10 that night?

11

A. Not to my recollection, no.

12

Q. Let's move along then to the next
13 child who died, David Taylor. He died on Ward 4B in
14 the early morning of July 27th. You were on duty on
15 Ward 4A. You can look at the assignment books for
16 the patient assignments if you wish but perhaps you
17 can tell me, do you have any recollection of the
Taylor child at all?

18

A. No, I do not.

19

Q. To the best of your recollection
you never had any dealings for him, you never cared
for him?

21

A. That's right.

22

Q. Do you have any recollection of
the events of the night on which he died?

24

25



I.11

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2 A. That's right.

3

4

Q. Do you have any recollection of
the events of the night on which he died?

5

A. No, I do not.

6

7

Q. Again, I would take it that the
likelihood is that you went across to assist in the
arrest?

8

A. That's right.

9

10

Q. But you have no particular
recollection of that?

11

A. That's right.

12

13

14

Q. Well then, let's move on. The
next child to die was Amber Dawson. Once again,
Amber Dawson was a patient of yours on the night that
she died, was she not?

15

A. Yes.

16

17

18

19

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21

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Q. In the early morning of July 28th.
If we turn to the assignment book, page 60 and 61, it
appears that that night on Ward 4A Phyllis Trayner
was acting as team leader and had one patient in
Room 425. You again had four children in Room 418,
Mrs. Scott had two children in 418 and four in 421
and Mrs. Christie had three children in two different
rooms on 4A and was being shared with 4B as well?

A. Right.



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Q. So, between you and Mrs. Scott

you covered the six children who were in Room 418?

4

A. That's right.

5

6

Q. And one of those was Amber Dawson

and she was your patient that night?

7

A. That's right.

8

Q. Do you have a recollection of

Amber Dawson?

9

A. Yes, I do.

10

Q. Had you cared for her prior to

11

the night upon which she died?

12

A. Yes, I had.

13

Q. All right. Again with reference
to the chart by all means if it assists your
recollection, Miss Nelles, can you tell us first what
you remember of that child and her condition?

16

A. I remember that she was close
to a year old and that she had had surgery on the
floor before, so, she had been admitted to the
Hospital before and that on this particular admission
she had been brought back because she was not growing
at all and had failure to thrive.

21

Q. Yes. Now, do you have a
recollection of the events of the shift up to the time
of the child's arrest? The nursing note I think is

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2 found at page 80, the nursing note for that shift in
3 any event is found at page 80 of the chart.

4

A. I don't remember the events of
the evening, no.

5

Q. And therefore reference to the
chart merely tells you what it would tell all of us
if we were to read it?

6

A. That's right.

7

Q. It doesn't jog any recollection
or memory in your own mind?

8

A. No.

9

Q. Again however looking at the
notes that you made and the observations that you
recorded, the apical rate and regularity and so on
and lethargy and all those things, can you tell me
what impression upon reading that you would have of
the child's condition. I don't ask you to put your-
self into the state of knowledge you had in July of
1980, I am asking you, now, looking at that note
what impression do you form of that child's condition
prior to the moment of her arrest?

10

A. Well, one thing that is perhaps
significant is that she required blood work and an
intravenous to be started that evening and she also
required Lasix which again was an indication that she
was exhibiting some symptoms of heart failure.

11



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Q. I take it therefore you would not regard her as being anything close to a well baby?

A. No. She was not well that evening.

Q. Did you regard it as a note that is /descriptive of a child who was at risk of not making it through the night?

A. Again I find that very hard to answer because of my -- I don't feel that I am a physician.

Q. Once again, it appears from your notes that the decline, when it occurred, came on suddenly and progressed rapidly. Is that a fair categorization of it?

A. Fairly, yes.

Q. Do you have any recollection at all of the arrest?

A. I remember that there was a discussion that night between Phyllis and me as to whether there should be a Code 23 or Code 25 called on this baby initially.

Q. Can you give me your best recollection of what happened?

A. When I first noticed that the



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Nelles
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J2 apex on the child was dropping, I notified Phyllis
3 and she came into the room and upon looking at the
4 chart for a few minutes she said that we should call
5 a Code 25. I felt that the child still had a heart
6 rate, was still showing some form of respirations,
7 although they were slowing down, and that we needed
8 to call a 23 to get the physician there immediately.
9 But in the course of a couple of minutes when this
10 discussion was going on, the baby's heart rate did
11 fall off completely and the respirations stopped and
therefore a 25 was called.

Q. The events overtook the
12 discussion in other words?

A. That's right.

Q. Do you recall what examination
15 Phyllis Trayner made of the child before
deciding that a Code 25 should be called?

A. I don't recall.

Q. Did she listen to the heart
rate with a stethoscope?

A. Again I don't recall.

Q. The child died that night
of course. Do you recall whether Baby Dawson's
arrest and death that night caused you any surprise?

A. It is hard to describe it as



1
J3 2 surprise. I think that any death was upsetting and
3 perhaps in this case where I had known Amber and
4 worker with her and knew the mother quite well, it
5 was perhaps more personal in the sense that I knew
6 the family and had worked with them for a long time.
7 Again, as you can see, I had not been involved in
8 that many arrests and I really did not know, at least
9 I did not feel I knew enough to know when a baby was
10 certainly sick enough to die. I think it would be
11 fair to say that I did not expect Amber to die that
night, no.

12 Q. Were you aware -- did you
13 become aware in the following days that there was a
14 measure of puzzlement among the nurses and among
15 physicians as to the cause of her death?

16 A. I know that there was a note
17 written in the 4A communications book, and I know
18 that I had that knowledge, so I must have read that
19 note, but it said something to the effect that there
was a question re her cause of death.

20 Q. Okay. We will look at it
21 perhaps, and perhaps we should do that after lunch.
22 Let me ask you this, though: Were you aware that
23 the death was reported to the Coroner?

24 A. I am not sure when I became
25



Nelles
ex. (Lamek)

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aware of that, but I did know that, yes.

3

4

Q. Is it your recollection it
was within a matter of days after her death that
you learned it?

5

6

A. That is not my memory of it,
no.

7

8

Q. You thought it was some time
later?

9

10

A. I think I heard about it
later.

11

12

MR. LAMEK: Can we leave it there
for now, Mr. Commissioner?

13

THE COMMISSIONER: Yes. All right.

14

Until 2:30.

15

---- luncheon recess.

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Nelles
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---- on resuming at 2:30 p.m.

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THE COMMISSIONER: Yes, Mr. Lamek.

4

MR. LAMEK: Thank you, sir.

5

Q. Miss Nelles, when we broke
for lunch we were talking about Amber Dawson and I
had asked you, I think, whether you became aware that
the death was reported to the Coroner. You told me,
I believe, that you did learn that, but some time
later.

10

A. I believe so, yes.

11

Q. But you did refer in the
course of an earlier answer to a note in the Ward 4A
communications book, and I think the communications
book is somewhere there beside you, if you can find
it. It is bound together with the ward meeting
book and the 4B books. The first of those coloured
tabs is the 4A communications book. Would you turn
with me to page 5 of that, please.

18

A. Yes.

19

Q. Page 5, at the top of the
page there is a note of what is said to be a short
ward meeting on July 31, 1980.

21

Do you recall whether you were at
that meeting?

23

A. I don't recall, no.

24

25



1

AA2 2 Q. If it is of any assistance
3 to you, you came on duty for the long night shift
4 on July 31st, and I cannot tell you from this note
5 just when this meeting took place. You don't recall
6 whether you were present or not?

7 A. No, but it is in Mrs.
8 Radojewski's writing and signed by her and she would
9 have been working the day shift, so I would probably,
in all likelihood, not have attended this meeting.

10 Q. Unless it happened to have
11 occurred at the time of the shift changeover at
12 night?

13 A. Right. But I am sure that it
14 would have occurred in the afternoon or morning some
time.

15 Q. If you were not at the meet-
16 ing, did you subsequently read the communications
17 book and learn about the meeting?

18 A. Yes, I did.

19 Q. Was it your practice from
20 time to time to see what was in the communications
21 book? I take it its purpose was to inform people
of matters of interest on the ward?

22 A. That is right.

23 Q. That was your practice, was it?

24

25



1
2 A. Yes.

3 Q. Could you give me an idea
4 how regularly you checked in the communications book,
5 when you may have seen this note?

6 A. I would say that your
7 opportunities to read it were probably -- they probably
8 came up more times when you were working nights, when
9 it was quieter than during the day. So, we worked
10 nights every two weeks, so I would say, on the
11 average, I probably looked in the communications book
12 maybe once every two weeks or so.

13 Q. In fact, you worked the
14 night of July 31st and then did not work again
15 until the following week when you were on days. So,
16 perhaps you did not see it for some time, unless you
17 saw it on the night on which it actually occurred?

18 A. That is right.

19 Q. In any event you will notice
20 that the second paragraph, after some discussion of
21 overtime, recording and verification and so on, is
22 headed "Re Recent Deaths", and as I read that:

23 "News of cause for Amber is still
24 unknown. Post mortem was done yester-
25 day. Will get more information later
but it seems there is an element of



'surprise' re her cause of death."

Was it your understanding, based wholly or in part on this note, that there was an element of question as to the cause of Amber Dawson's

A. Yes, but I think I took that mean that Amber had had problems with nutrition and I think, later, I learned that there was a question of something to do with a problem with her diaphragm and I think, when I read "an element of surprise" regarding her cause of death, I sort of [redacted] that to mean that it was a possibility of something related to her nutritional status.

Q. Rather than her cardiac [redacted] status?

A. That's right.

Q. It does appear, at least from the note, does it not, that the cause of death had not yet been established on the child?

A. Right.

Q. Do you recall any discussion with any of the nurses on the floor concerning possible cause of the child's death?

A. I don't remember any specific discussion. I remember at one time, I'm not sure



1
2 when, that I learned that the mother had not been
3 satisfied with the explanation of Amber's death and
4 it was primarily the mother that pursued the
Coroner's inquest.

5 Q. Do you have any awareness of
6 what cause of death had been given to the mother?

7 A. No, I do not.

8 Q. Whatever it was, you under-
9 stood that she was not satisfied with the explanation?

10 A. Yes.

11 Q. And asked all sorts of
12 questions?

13 Now, would you turn to the next page
14 with me where there is an entry for August 8, 1980,
15 the first item on the page being headed "Amber
16 Dawson" and that, I should tell you, from the WIN
sheet, appears to be a day that you worked the long
17 day shift. The note, as I read it, is:

18 "Post mortem shows abscess on diaphragm.
19 The Coroner has told Mom about this
20 and that it will be difficult to
21 diagnose even with x-ray. A full
report is to follow in two months'
22 time."

23 Do you recall seeing that note?



1
2 A. I don't recall specifically
3 seeing it but I had that information, so I think I
4 must have read that.

5 Q. Did information as to
6 finding an abscess on the diaphragm post mortem cast
7 any more light for you on the cause of the child's
8 death?

9 A. I certainly felt that this
10 was perhaps another -- that this offered some ex-
11 planation as to her death in that she was obviously
12 a child that was very small for her age and had not
13 developed as a normal child even with heart disease.

14 Q. Did you have sufficient
15 expertise or experience to form a judgment as to
16 whether an abscess on the diaphragm or some problem
17 with her nutritional status, as you suggested, would
18 have accounted for the manner of her dying as she did?

19 A. No, I did not.

20 Q. Did you raise any questions
21 about that with anybody?

22 A. I don't recall raising any
23 questions, perhaps because I had read this and thought
24 that, at post mortem, they had in fact found an
25 abscess on her diaphragm.

Q. Forgive me, I want to be clear



1
2 as to your answer. Did that appear to you to pro-
3 vide some explanation as to the cause of the child's
4 death?

5 A. I think it helped me, yes.

6 Q. Did you ever see the post
7 mortem report on the child?

8 A. Not until the preliminary
hearing.

9 Q. It is contained in Amber
10 Dawson's chart, beginning at page 59, and it is the
11 form of post mortem report used by the Coroner's
12 Office rather than the internal hospital form of
13 autopsy report.

14 If you turn to page 63, Miss Nelles,
15 you will see Heading 8, "Cause of Death", two-thirds
16 of the way down the page. You will see that the
17 pathologist, who was Dr. Cutz, at the Hospital, has
written:

18 "The immediate anatomical cause of
19 death not determined."

20 And he lists a couple of contributing factors;
21 congenital heart disease, right hemidiaphragm
22 paralysis. Yet, it appears, does it not, that even
23 after autopsy, precise anatomical cause of death
24 of this child was still something of a puzzle?



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A. Yes.

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Q. Do you recall whether the surprise or puzzlement or the questions about the cause of death continued after early August on the floor?

A. I don't remember hearing anything more about it, no.

Q. Just before we leave Amber Dawson, Miss Nelles, would you turn to page 87 of the chart, please. That is the medications record.

A. Right.

Q. The child was receiving digoxin, aldactazide and a vitamin, I believe, Fer-in-sol. Is that a vitamin supplement?

A. Yes.

Q. I notice that the administrations which were to have taken place at nine o'clock in the evening on the 27th, the night that she died, had not been completed. Can you tell me why that is?

A. This child, as you can see from the chart, was one of the - other than Bilodeau - was one of the first children that I was involved with, and I did not realize at the time that the chart of the child had to go to Medical Records as soon as possible after the child had died and, in this



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case, due to my inexperience, I completed the progress notes on the child and omitted to sign off either the medications, as seen here on page 87, or the vital signs sheet as well.

Q. That is on page 98, I think, of the chart?

A. Yes.

Q. Or more precisely, over on page 99.

A. You will see there is nothing from 1900 onward.

Q. We should not take it from that that you did not take the child's vital signs in the early part of the shift before her arrest?

A. That is right.

Q. Or that you did not administer the medication?

A. That is right.

Q. But merely, when the time came to chart them at the end of the shift, the chart had gone down to Medical Records by the time you got to doing it?

THE COMMISSIONER: I don't understand how you could delay the taking of the vital signs. You would not remember those unless you had some



1

2 other record. Did you have some other record?

3 THE WITNESS: Yes. There was a sheet
4 kept at the bedside of the children where we recorded
5 feeding times and vital signs and, at the end of
6 the shift, those records would be transferred onto
7 the vital signs sheet, except in the case of
8 children who were on hourly vital signs and, then,
9 the vital signs sheet would most likely be kept right
10 at the bedside. But Amber was not on hourly vital
signs.

11 MR. LAMEK: Q. Did I hear you say
12 before lunch, Miss Nelles, that Amber Dawson's
13 death was one that caused you a little surprise?

14 A. I think so, yes.

15 Q. Could you tell me just what
16 it was that caused you that surprise?

17 A. I think I was surprised that
18 she died that particular night; not that she was
19 particularly stable. I mean, she exhibited signs
20 of a child that was ill but I guess I just did not
expect that she would die that night because, con-
21 sidering her age and she had been as sick, if not
22 sicker, on other occasions.

23 Q. Your observations in the
24 first part of the shift as they are recorded in the
chart did not lead you to think that she would not

25



1

2 make it until morning, is that essentially what you
3 are telling me?

4 A. More so that I knew her
5 before and, although, as I say, she was not well that
6 particular evening, they were not signs and symptoms
7 that would suggest that she would die that night. But
8 I have to explain that, again, she was really only
9 the second death or, certainly, cardiac arrest that
10 I had taken part in and I did not have the experience
11 to know how -- I understood that these children
12 could be quite unstable and quite variable as to
their condition.

Q. As we have said, Amber
Dawson died in the early morning of July 28th. 72
hours later, Lillian Hoos died, if you will remember,
at 3:22 in the morning of July 31st, once again in
Room 418. Once again, that child was your patient
on the night that she died but, this time, you were
providing constant nursing care. Do you recall that?

A. I don't recall that specifically, no.

Q. Let us just review the
assignment book to make sure that we know what everybody was doing.

The night of July 30, the long night

24

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2 starting Wednesday, July 30, Phyllis Trayner was in
3 charge, had no patient assignment; you were providing
4 constant care to Lillian Hoos in Room 418 --

5 A. Sorry, what page are you
6 looking at?

7 Q. I am at page 67 - sorry - of
8 the assignment book in Tab 89.

9 A. Do you have it?

10 Q. -- Mrs. Scott had five

11 patients in Room 418 and Mrs. Christie had five in
12 421 and two in 426, with the relief being shared
13 with 4B to relieve -- the relief looking after, is
14 that three in 425 and one in 423.

15 Once again, between you and Mrs.
16 Scott, you had all of the patients in Room 418. You
17 had one with constant care, Lillian Hoos; and Mrs.
18 Scott had five?

19 A. I am on the wrong page.

20 Q. I'm sorry, are you in the
21 right tab, Tab 89?

22 A. Yes.

23 Q. Page 67, on the top right-
24 hand corner, the handwritten date is Wednesday, July
25 30.



1

2

A. I'm sorry, yes. Now, I am
with you.

4

Q. Well, I'll just run through
them again.

6

Phyllis Trayner, in charge with no
patient assignment.

7

A. Right.

8

Q. You doing constant care for
Hoos in 418; Mrs. Scott with five patients in 418;
Mrs. Christie and the relief nurse with several
patients in other rooms.

12

A. Right.

13

Q. Between you and Mrs. Scott,
you had all six patients in Room 418; you with
Hoos and Scott with the other five.

15

A. Right.

16

Q. Do you have any recollection
of Lillian Hoos?

18

A. Not really, no. The only
thing that I vaguely remember about this child is
that she had an unusual burn.

20

Q. A burn?

21

A. Yes.

22

Q. Was that the burn in the
armpit?

24

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A. Yes.

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Q. And you were required to
treat that from time to time, were you not, with
ointment?

5

6

A. Yes.

7

Q. Do you have any recollection
of the shift on which she died?

8

9

A. No, I do not.

10

Q. We have heard a good deal
about constant nursing care in our proceedings, as
you may imagine. As I understand it, it is when you
are on constant nursing care with a child, you may
not leave that child without someone else being
there.

11

12

A. That's right.

13

14

Q. And although an RNA may on
occasion look after the child if you are away very
briefly, when you go on a break, you should be
relieved by a Registered Nurse. Do I have it
correctly?

15

16

A. Yes.

17

Q. Do you recall what breaks

18

you took the night that Lillian Hoos died?

19

20

A. I'm sorry, I don't.

21

22

Q. What breaks did you normally

23

24

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2 take in the course of the night shift?

3 A. Usually, there would be one
4 some time between eight o'clock and midnight and then
5 another one, which would probably be longer, some-
6 where between midnight and four o'clock.

7 Q. Those are the breaks that
8 we have heard referred to here as a coffee break and
9 then the lunch break?

10 A. I guess that is the way some
11 people refer to it.

12 Q. You have heard them referred
13 to in that way?

14 A. Well, that is not the normal
15 way that I referred to them when I worked nights.

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DM/PS

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Q. Well, do you call them the short break and the long break, or just breaks?

4

A. Just breaks.

5

Q. Okay.

6

THE COMMISSIONER: Was it just two, Miss Nelles, that you took?

7

THE WITNESS: I think they are variable depending on how busy you were during a specific night.

10

11

THE COMMISSIONER: Do you remember what if any rule there was?

12

THE WITNESS: There wasn't a distinct rule.

13

THE COMMISSIONER: We have heard something about the maximum total time I think it is an hour and three-quarters.

16

THE WITNESS: Right.

17

THE COMMISSIONER: Had you heard that, did you know that?

19

THE WITNESS: That would correspond to the day shift where you have breaks, and I think that during the day shift you would have a coffee break in the morning, a lunch break, an afternoon coffee break and a supper break and I guess that amount of time would amount to an

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2 hour and three-quarters.

3 Q. When you were providing constant
4 care nursing to a child, Miss Nelles, unless there
5 were serious difficulties that kept you in the room
6 throughout the shift, did the breaks tend to be a
7 little longer than when you were not on a constant
care assignment?

8 A. Perhaps, because again you had
9 to be relieved, so rather than being relieved every
10 hour or so for a few minutes --

11 Q. Yes.

12 A. It was easier to be relieved
13 for a shorter number of times for a longer period of
time.

14 Q. Now does looking at your nursing
15 note for the shift in question assist you in any way
16 in recalling what occurred that night, page 70 of the
17 chart, Miss Nelles, at the bottom of the page and
18 going over to page 71.

19 A. No, I don't remember the events
of that night.

20 Q. Looking at that note now, however,
21 and at the observations that you recorded, is it your
22 impression that until the time of the arrest at 2:40
23 in the morning, Lillian Hoos required a very great

24

25



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deal of care, she required you to be there, of course, constantly. Is it your impression that she would require a very great deal of care given the observations that you recorded?

A. I really have no way of knowing whether the constant care was ordered because she was a patient that required a great deal of care, or whether she required constant attention.

Q. Is it fair to say that the vital signs that you were recording create an appearance of relative stability?

A. Yes.

Q. And although the color is very mottled at times, particularly so when she is upset, there doesn't appear to be any respiratory distress, and you record air entry into all lobes, slightly noisy in the upper lobes. As far as output is concerned, she is voiding satisfactorily enough, the I.V. is infusing well. Does it create a picture of a relatively calm first part of the shift?

A. I find --

Q. As far as the nurse is concerned.

A. From what is written here, yes.

Q. And you have no other recollection?



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4 2 A. No.

3 Q. I take it from that, Miss Nelles,
4 there is no reason to think from the record that you
5 made at the time that you did not take the normal
6 breaks that night, is there?

7 A. That's right.

8 Q. Can you recall who relieved you
9 for your breaks?

10 Q. It would have to be a registered

11 nurse, however.

12 A. It would depend on the staffing
13 that night.

14 Q. We know that Mrs. Trayner was
15 on, Miss Morrin and Sui Scott.

16 A. Yes.

17 Q. And Sui Scott had four children in
18 the same room?

19 A. Right.

20 Q. Could she reasonably have relieved
21 you while you went for your break?

22 A. She could have.

23 Q. And if in the course of that
24 relief one of her other patients in the room had
25 required her attention, what would have happened?



1
2 A. It would have been very difficult
3 for her to look after her patient while giving constant
4 care to Lillian.

5 Q. And Mrs. Trayner we know had no
6 patient assignment that night.

7 A. Right.

8 Q. But you cannot recall which it was
9 who relieved you?

10 A. No, I don't recall.

11 Q. Now the arrest as we know from
12 your nursing note took place at or very shortly
13 after 2:40 in the morning. You record at 2:40 that
14 the baby appeared to be going off color, no
15 respirations noted, although the apneic monitor
16 didn't go off. Stimulated her, that means you shook
17 her or something like that?

18 A. Yes.

19 Q. And she seemed to respond, and
20 you put in a 23 for Dr. Rutherford. The baby again
21 appeared to be in respiratory distress and the heart
22 rate dropped to about 40, which I take it is a very
23 low rate for a small child, is it not?

24 A. That's right.

25 Q. And then you record a Code 25
was called. Do you recall if Dr. Rutherford arrived



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2 before the Code 25 was called?

3 A. I really don't remember.

4 Q. And the arrest team arrived
5 and made the effort to revive the child, unsuccessfully,
6 and you record the baby was pronounced dead at 3:22 in
7 the morning. I take it you were present throughout
the arrest.

8 A. Yes.

9 Q. Do you have any recollection
10 whether the death of Lillian Hoos that night caused
you any surprise?

11 A. I don't recall. I think in light
12 of the fact that it had now had three arrests that
13 probably caused me alarm, but I don't recall the
14 specific death of Lillian.

15 Q. We see from the medication sheet
16 the child is receiving digoxin, cream for the burn, and
17 as of the night that she died no other medication of
any kind, is that so, do I read this correctly?

18 A. I'm sorry, what page are you on?

19 Q. I am on page 74, I am sorry. She
20 had formerly been on aldactazide but that was dis-
21 continued.

22 A. Yes. She was on aldactone,
23 Lasix, ampicillin and gentamicin as well as digoxin and



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the cream.

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Q. That's right, you were looking over on page 75, quite right. You administered those medications on that night, did you?

6

A. Right.

7

Q. In the doses prescribed?

8

A. That's right.

9

10

Q. Other than those medications did you administer any other medication to that child that night?

11

A. No, I did not.

12

Q. And to your knowledge, did anybody else?

13

A. No.

14

Q. Let's pause there in the sequence. Miss Nelles, if we can because we are now at the end of July, and since June 30th, if we include Alan Perreault there have been six deaths on the cardiology ward, had there not?

19

A. Yes.

20

Q. Two of them, that is to say, Woodcock and Taylor had been on Ward 4B while you had been on duty on Ward 4A; but three of them, Bilodeau, Dawson and now Hoos had occurred in the space of nine days from the 22nd to the 31st and each had been

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8 2 your patient.

3 A. Yes.

4 Q. After your experience of the
5 preceding nine months, then, that is to say from
6 October to the end of June, did you wonder what had
7 hit the cardiology wards in that last part of July,
and in particular what had hit you?

8 A. Yes.

9 Q. Did you cast around for any sort
10 of explanation in your own mind?

11 A. I think that I sort of felt that
I had been lucky up until that point not to have
been involved in any deaths on the ward.

12 Q. Yes.

13 A. And that I was sort of led to
believe from people who had been on the floor and
had been experienced working with children with
cardiac conditions that often these, for some unexplained
reason, these deaths seemed to come in groups. I
think I felt that we were going through a very bad
time and that this was one of those groupings of
deaths.

21 Q. Was that a view that seemed
22 to be shared by other nurses on the floor?

23 A. I think so, yes.



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Q. That you were going through a cluster of deaths?

4

5

A. Yes, and that we were getting very sick children.

6

7

Q. And that such clusters happened from time to time?

8

9

10

11

A. That's right.

Q. And that suggests to me obviously that there was some discussion among the nurses on the floor about these deaths. Do you recall such discussion towards the end of July?

12

13

14

15

16

A. I don't recall specific discussions but certainly after a child would die there would be discussions that we had had a death. I know that there was discussion as to the fact that this was a very bad experience and that we were having to cope with a number of deaths.

17

18

19

20

Q. Was there also discussion, that you can recall, although perhaps not in detail, discussion that you can recall about the cause of these children's deaths? We have already seen something about Amber Dawson.

21

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A. Right.

BmB.jc
CC

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Q. Do you recall any other discussions about any of the other children?

A. Not until the mortality conferences were held.

Q. Okay. Could I ask you to turn with me again to the communications book for Ward 4A and again to page 5. Once again, this is the note of what is called the short ward meeting of July 31, 1980, the one that you cannot recall being at but of which you probably read the note. Under the heading "Re Recent Deaths", we read the paragraph about Amber Dawson but it goes on of course to refer to two other patients of yours who had died: Andrew Bilodeau who was said to have an unknown type of truncus but probably would not have recovered - would not have survived catheterization much less surgery, and then Lillian Hoos, the Waterston shunt was widely patent, PM showed chylothorax? Cause of death: it has not been settled yet.

When you read the note of that meeting did it occur to you that of three of your patients there seemed still to be some doubt as to why they had died?

A. I don't remember thinking that at the time, no.



CC. 2

Q. I take it it was a matter of
some interest and concern to you to know why these
patients of yours had died?

A. Yes.

Q. But you don't recall either
reading this and therefore you don't recall any
reaction to it at the time?

A. No.

Q. Did you observe that in the
case of your three patients who had died in July,
Bilodeau, Dawson and Hoos, each one of them had died
in the small hours of the morning between, roughly,
2 o'clock and 3:30. Is that something that you
observed as at the end of July?

A. I don't believe I made any
connection at that time, no.

Q. Do you recall any comment or
discussion from anyone else on the floor about that
fact?

A. Again I don't remember it at
that time.

Q. Do you recall who it was who
gave you the information or the view that deaths
often occur in groups or clusters?

A. I believe it was Mrs. Radojewski.



Q. Okay. And do you have any recollection as to how it arose? Did you put a question to her or did it just arise in the course of discussion, do you know?

A. No, I think it would have been during orientation when we were discussing the fact that there were the occasions when deaths occurred on the cardiac floor and sort of how nurses reacted to those deaths and sort of anticipating what it would be like to actually participate in an arrest.

Q. You are referring to orientation back in October of 1979?

A. That's right.

Q. So, from the time you stepped onto the cardiology floor at Sick Children's Hospital it was in your mind that deaths when they happen could easily happen in groups and clusters, is that correct?

A. I just recall that Liz said something to the effect that often they had seen deaths occur in groups or in patterns.

Q. And so when in July you seemed to hit such a group or a pattern or a cluster that didn't take you totally by surprise. Is that what you're saying?



CC. 4

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2 A. That's right.

3

Q. Okay. Well, things sometimes

4

come in three's people say and that's a sort of cluster
and I guess you had three in July but the very next
night after Lillian Hoos had died another patient of
yours died, did he not, Philip Turner, who died at
2:15 in the morning of August 1st and once again in
Room 418. If we look at the nursing assignments,
which are on page 69 of the assignment book, it
appears does it not that Phyllis Trayner was in
charge, agin had two patients in Room 426, you had
three patients in Room 418, one of them being Turner,
Sui Scott also had three patients in Room 418, two
in 425 and one in 423 and Mrs. Christie had five
patients in 421 and she was helping out in 4B as well.

15

A. Right.

16

Q. That was the arrangement for
the night?

18

A. Yes.

19

Q. So, once again we've got
Mrs. Scott covering all the children in 418 but Mrs.
Scott has patient assignments elsewhere in addition?

21

A. Right.

22

Q. Okay. Once again let me ask you
the same questions I've asked you about other deaths,

24

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Nelles, ex.
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CC.5

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2 Miss Nelles. Do you have any recollection of
3 Philip Turner?

4 A. No, I do not.

5 Q. Okay. Do you have any
6 recollection of the night that he died?

7 A. No, I don't.

8 Q. Have you reviewed your nursing
notes for the night of his death?

9 A. Yes, I have.

10 Q. And they haven't brought anything
11 back to mind?

12 A. Not really, no.

13 Q. All right. Without having a
14 recollection, is it fair to assume that you would have
been present at the resuscitation effort on the child?

15 A. Most definitely.

16 Q. Okay. And throughout the
17 resuscitation effort?

18 A. Yes.

19 Q. Without any recollection of
either the child or the events of the night I take it
20 you cannot possibly tell me whether his arrest and
21 death caused you any surprise of any kind?

22 A. No more so than it added to the
23 numbers.

24

25



CC. 6

2 Q. All right. But as an individual
3 child, an individual death, you do not recall what
4 his reaction or response was to the death?

5 A. No.

6 Q. All right. The medication sheet
7 is found at page 140 of the chart. It appears that
8 the child was on digoxin, phenobarb, K-lyte and then
9 SSD cream as well - no, he was not on vitamins at
that stage?

10 A. That's right.

11 Q. And you signed off the medications
12 for the child that night?

13 A. That's right.

14 Q. And administered them all I take
it yourself?

15 A. Yes.

16 Q. In the doses that were prescribed?

17 A. Yes.

18 Q. Other than the prescribed doses
19 of the medications for which you signed, Miss Nelles,
20 did you administer any medication of any kind to
Philip Turner the night that he died?

21 A. No, I didn't.

22 Q. And to your knowledge did anybody
23 else?

24

25



CC. 7

A. No.

Q. All right.

THE COMMISSIONER: I notice that the digoxin - I am sure we've had this before - why was it given at - was it 9 o'clock at night on the 31st?

THE WITNESS: I am sorry, I can't read my copy very well.

THE COMMISSIONER: Well, it was supposed to have been given at 3 o'clock in the afternoon and it was given at 9 o'clock at night. We have probably had an explanation of that.

THE WITNESS: I can't read mine.

MR. LAMEK: I don't know that my copy is any more legible but perhaps it is.

I think what the Commissioner is referring to is this. You wrote down the time of the administration, which appears to be 1500. Can you help us with that?

THE WITNESS: It is very unusual that digoxin would be administered four times a day and that looks to me like 03 something, 1500.

MR. LAMEK: Q. And something else?

A. And something else.

Q. But the two somethings don't appear to be numerals, do they, they appear to be



CC, 8

1

2 letters from a word?

3 A. That's right, and you will
4 notice that the signatures only appear at 9 and 21 -
5 I'm sorry, 3 and 15.

6 Q. 3 and 15?

7 A. According to here.

8 Q. Yes.

9 Well, perhaps, Mr. Commissioner, we
10 can get the original of the chart by tomorrow and it
11 will at least be more legible. But it appears that
12 on the night of the 31st digoxin was administered by
13 you at, what, 2100?

14 A. Right. Someone had signed in the
15 wrong spot.

16 Q. They had indeed, they've put an
17 arrow and you put S. Nelles R.N. 2100?

18 A. Right.

19 Q. Okay. Well, Miss Nelles, that
20 was two deaths on successive nights. Since the long
21 night shift of July 21 to 22 you had worked, by my
22 count, well, including the night of July 21/22 six
23 long night shifts. In that space of time you had had
24 the misfortune to lose four patients. How did you
25 feel?

26 A. Terrible.

27

28



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Nelles, ex.
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8062

CC. 9

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Q. The other nurses supportive of
you?

4

A. Everyone was very upset, yes.

5

Q. The team leader as well I take
it was supportive of you?

6

A. Yes.

7

Q. And the supervisors?

8

A. Right.

9

Q. Was it perceived to be a problem
that you were having or a problem that the whole
floor was having?

11

A. I think that I looked at it that
we were getting an increased number of very ill
children. I had never seen children quite so seriously
ill in my experience on the floor, certainly small
infants. Maybe I had just not been assigned to them
before I came to work on Mrs. Trayner's team.

17

Q. All right. Did you have or do
you have any explanation for the fact that it seemed
to be your patients who were dying?

19

A. I think that you have to look
at the team and that the team was made up of Mrs.
Trayner as team leader, myself, Sui Scott and Mrs.
Christie who was an RNA and then Janet Brownless
joined the team some time later.

24

25



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CC.10

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Q. Yes.

2

A. And of those nurses if Phyllis
was team leading then I was the most senior nurse on
the team and that I would be assigned the patients
that were probably the biggest worry, or certainly
the children that were the illest.

3

Q. All right. It would follow from
that I take it that if any child were in danger of
dying it would likely be a child who had been
assigned to your care?

4

A. Yes.

5

Q. And that's what you're suggesting?

6

A. Yes.

7

Q. Now, on August 8th at 7:45 in
the evening Dion Shrum died. You had worked the long
day shift that day. Do you have any recollection of
Dion Shrum?

8

A. No, I do not.

9

Q. All right. By mid August is it
fair to say that the stress level amongst the nurses
on the floor was very high?

10

A. Yes.

11

Q. Was there not talk of trying to
get some psychiatric counselling for the nurses?

12

A. I don't specifically remember

13

14

15



CC-11

that coming out at that time.

Q. Okay, perhaps we can help to recall it. Could we look at the communications book again, please, and in particular page 6, which records ward meeting on August 15th. It begins about a third of the way down the page, at which you are reported to have been present?

A. Right.

Q. Do you remember the meeting?

A. I don't remember it, no.

Q. Okay, perhaps the note will help you. The first topic was about Christmastime and arrangements for time off and so on. And then a note about a clinical pharmacist will be starting and then a third note "Psychiatrist for 4A/B". Is that Dr. Wehrspann?

A. Wehrspann, yes.

Q. "Will be meeting with him in September to set up some plans for 4A/B staff and patients."

A. Right.

Q. Does that assist your recollection as to any discussion about cancelling the nursing staff?

A. I don't remember that being



CC. 12

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related to the deaths, I remember that as being
somehow related to having someone available to the
staff and to the patients.

3

Q. Okay. For what purpose?

4

A. As a consultant.

5

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contributing more hugely to the stress of the staff
on the cardiology wards at that time than the number
of deaths that had occurred?

A. I don't believe so, no.

Q. And indeed had psychiatric

counselling been available is it reasonable to think
that it would have been addressed largely to helping
people cope with the kind of stress that had been
building up?

A. Yes, but again I don't remember
that at that particular time.

Q. All right.

A. I just wonder why they include
patients here and that's why --

Q. It struck me as a bit odd too,
I have to tell you.

A. It makes me think that it had
to do with having somebody available to the staff
and the patients.



CC. L

1 Q. Well, we have seen one instance
2 already today where patients should have been read
3 as parents, maybe this is another case, but that's
4 speculation of course.

5 Miss Nelles, I recognize that you had
6 not had long experience on cardiology wards to give
7 you any kind of benchmark as of the middle of August
8 or assess whether the number of deaths is unusual.
9 You had been told that deaths sometimes occur in
10 clusters but did it not appear to you as you got into
11 August that other nurses with more experience did
12 consider that this spate of deaths was unusual? Was
13 there not concern on the ward about the number of
14 deaths?

15 A. There was concern about the
16 number of deaths, yes, but I only remember it as
17 being concern that we were losing children and that
18 we as nurses were getting children who were very sick
19 and that they were not making it through the night.

20 Q. Okay. Were you, by the middle
21 of August, 1980, beginning to wonder whether perhaps
22 you were missing some warning signs in these patients?

23 A. I think that would be fair to
24 say, yes.

25



DP
DP/PS

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2 Q. Were other nurses beginning to have
3 the same kind of question about their own nursing
4 skills as well?

5 A. I think that that came up around
6 that time, yes.

7 Q. A feature of the deaths of your
8 patients that we have looked at so far was this, was
9 it not, Miss Nelles, that they seemed to have suffered
10 a sudden onset of critical symptoms, severe bradycardia,
11 severe respiratory distress; did that seem to be a
12 feature of them, suddenness of the movement to those
13 severe symptoms?

14 A. I never made that connection,
15 no.

16 Q. But looking back on it now, is that
17 fair to say that that seems to be a feature of those
18 deaths - they suddenly became severely bradycardic.

19 A. I find that question very hard
20 to answer because I think that a lot of them were very
21 unstable and that they displayed unstable characteristics
22 throughout.

23 Q. They may have, but bradycardia
24 had not been one of the unstable characteristics
25 which they manifested, had it?

A. Right.



1

2 Q. And each one of them, on your
3 observation, suddenly became rather dramatically
4 bradycardic, is that fair?

5 A. They became bradycardic, yes.

6 Q. And once those symptoms had
7 started to develop is it not also fair that a common
8 element was that they progressed rapidly from the
onset of those symptoms to arrest?

9 A. You could say that, yes.

10 Q. And the arrest once it occurred
11 was apparently irreversible and resuscitation efforts
12 were unsuccessful.

13 A. Yes.

14 Q. Did it occur to you to wonder
15 whether that was a usual pattern of terminal events
for children with congenital heart defects?

16 A. I think perhaps I wondered, yes.

17 Q. Did you ask anybody about that -
18 other more experienced nurses or physicians?

19 A. As I say, I don't remember
20 connecting them that way so that I did not group the
deaths together other than there were a large number.

21 Q. And the characteristics, with
22 the benefit of hindsight, we can see may have been
23 common such as the hour of death and the manner of

24

25



1

2 dying were not things that occurred to you at the
3 time?

4 A. I did not put them together like
5 that, no.

6 Q. Did there come a time in this
7 nine month sequence when you did make that sort of
8 connection?

9 A. I think into the new year, into
10 February, March I made the connection that they seemed
11 to be dying in the morning. I don't know whether I
12 ever really associated the severe bradycardia.

13 Q. Or the manner of death.

14 A. I never really connected that,
15 no.

16 Q. Perhaps we will come to that in
17 due course.

18 Let us move on to Kelly Ann Monteith
19 who died at 4:45 in the morning of August 19, once
20 again in Room 418 and once again your patient.

21 If you look at page 105 of the
22 assignment book, Miss Nelles, we can place people in
23 their respective assignments. You I believe were
24 assigned to provide shared nursing care at night to
25 Kelly Ann Monteith and to another child in Room 418,
 were you not?



Nelles
ex. (Lamek)

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2 A. Yes.

3 Q. The team leader, Phyllis Trayner,
4 had three children in 425, Miss Scott had a couple of
5 children in 418, three in 421, one in 423 and one in
6 426 and you had a relief until 11:00 who had a couple
7 of children in 418 and three in 421, a busy ward that
night.

8 A. Yes.

9 Q. And there you were in 418 providing
10 shared nursing care.

11 A. Yes.

12 Q. Do you have any recollection of
Kelly Ann Monteith?

13 A. I remember the child, yes.

14 Q. You do remember the child.

15 A. Yes.

16 Q. Can you tell us what you remember
about her and in particular about her condition on
17 the night that she died?

18 A. I don't remember her condition
particularly the night she died but I remember this
child because I admitted her to the floor.

21 Q. Right.

22 A. And at the time that she was
admitted I remember after doing the general admission

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that I went out to the desk and I am not sure who it was, I believe it may have been Dr. Schaffer, and he told me that this baby had had an infarct and I had never heard of a baby having a myocardial infarction and I knew that it was very rare. He told me that they were quite certain that this baby had had an infarct and because of this she could go at any time.

Q. So that we all understand that, and so that I am sure that I begin to, I take it the consequences of a myocardial infarct would be there would be areas of dead tissue in the child's myocardial, in the heart.

A. That is right.

Q. Which would presumably impair its function.

A. That is right.

Q. In addition to any other defects that she might have.

A. Right.

Q. I take it that the consequence of that was to give you some concern about Kelly Ann Monteith and her prognosis?

A. Right.

Q. What about the night that she died.



Nelles
ex. (Lamek)

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2 Do you have any recollection of the events of the
3 shift? Does looking at the nursing notes commencing
4 at page 48 of the chart help you?

5 A. They don't really help me, no.

6 Q. You have no independent recollec-
7 tion?

8 A. Of that night, no.

9 Q. You were providing shared
10 nursing care. That we have learned here means as
11 with constant nursing care you have to be relieved
before you can go off on a break and leave your two
patients.

12 A. Certainly, it would be all right
13 to leave the other one. In the shared nursing situation,
14 chances are only one of the children are very ill.
15 The other one is probably - requires, in terms of
16 nursing care or amount of time spent with them it
17 is usually what we would call a lighter patient.

18 Q. But of the two that you were
19 providing shared care for that night, I take it it
was Kelly Monteith who was the more seriously ill.

20 A. That is right.

21 Q. And the one who was truly in need
22 of constant attention.

23 A. Right.

24

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Q. You would need to be relieved to
leave her?

4

A. Yes.

5

Q. Do you recall whether and when
you took your breaks that night?

6

A. No, I don't remember.

7

Q. Do you recall who relieved you
for your break?

9

A. I'm sorry, I don't remember.

10

Q. Once again we know Mrs. Scott was
in the room although she had patients in three other
rooms.

12

A. Right.

13

Q. Mrs. Trayner had patients in one
other room. Either of those people could have relieved
you I take it. Each was an RN.

16

A. I believe there was also a
relief for a time as well.

18

Q. That was only until 11:00.

19

A. Right. Then they have that
someone else came from 5:00 to 7:00 -- it is
irrelevant.

21

Q. It is for this child, I'm afraid.
You cannot recall which RN relieved you for your
breaks that night.

24

25



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Nelles
ex. (Lamek)

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A. No, I cannot.

3

THE COMMISSIONER: Miss Nelles, when
you get this shared care, do they tell you which
child, or are you supposed to know automatically which
is the seriously ill one?

4

THE WITNESS: They tell you.

5

THE COMMISSIONER: They do? There is
nothing on the assignment that would tell us which.

6

THE WITNESS: The only thing that might
help is on the day shift under Miss Partridge they
have Monteith, CC 0930 and I would take that
to mean constant care as of 9:30, unless that means
cardiac cath. at 9:30.

7

Q. It is hard to reconcile your
interpretation of it with the words, "Shared care"
beneath the two names, is it not?

8

A. Right.

9

Q. Does looking at any other part
of the chart help you with breaks on this one, Miss
Nelles? Could we look at the flow sheet which is on
page 83 of the chart, more particularly page 84.
Page 84, the vital signs are recorded from 8:00 onward.

20

A. Right.

21

Q. Are those vital signs recordings
all in your handwriting?

22

23

24

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Nelles
ex. (Lamek)

8075

A. No, they are not.

Q. Can you tell me which is in your handwriting and which is not?

A. They are all in my handwriting except for 2300.

Q. Looking at page 84, Mr. Commissioner, the vital signs beginning a third of the way down the page at 2000 hours, a couple of hours down, and you say, Miss Nelles, at 2300 hours where under the pulse rate there is something crossed out and then the number 154 high up in the box --

A. Right.

Q. 71 for the arrest rate, that is not in your handwriting.

A. That is right.

Q. Do you recognize the handwriting?

A. I believe I do, yes.

Q. Whose is it?

A. I would say it is Phyllis Trayner's.

Q. Had you been in the room with the child I take it you would have been taking and recording the vital signs yourself.

A. Usually, yes.

Q. Does the fact that the 11 p.m.



1

vital signs were recorded by someone else suggest
that at that time you were not in the room, you were
out on a break somewhere?

2

A. That would be a reasonable
assumption, yes.

3

Q. And if indeed that is the hand-
writing of Mrs. Trayner, does that suggest that it was
she who relieved you for that break at least?

4

A. Yes.

5

Q. Do we get any further help from
the medication sheet? That is at page 79, and you
have signed for three medications. Is it your
recollection that you yourself administered all
medications to this child on the night that she died?

6

A. Yes.

7

Q. Which of course leads me to the
question I have been asking you about all of these
periods. The medications for which you signed and
which you administered I take it were for the
prescribed doses?

8

A. That is right.

9

Q. Other than those, did you
administer any other medication to the child the
night that she died?

10

A. No, I did not.

11

12



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2 Q. To your knowledge, did anybody
3 else administer any such medication?

4 A. No, they did not.

5 Q. Other than your absence from the
6 room for breaks and perhaps very brief absences
7 on other occasions, you were with the child constantly
throughout the night, were you?

8 A. To my recollection, yes.

9 Q. At least, you were supposed to be.

10 A. Yes.

11 MR. LAMEK: Mr. Commissioner, would
12 this be an appropriate time for a break?

13 THE COMMISSIONER: Yes, we will take
20 minutes.

14 ---Short recess.

15

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--- Upon resuming.

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THE COMMISSIONER: Yes, Mr. Lamek.

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THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Q. I take it once

again, Miss Nelles, that since you are unable to recall any of the particular events you cannot tell me whether the arrest and death of Kelly Anne Monteith caused you any surprise of any kind?

A. I think in light of the fact that I had spoken with Dr. -- I can't remember who it was exactly, I believe it was Dr. Schaffer and he having told me that this child could go at any time, I don't recall being terribly surprised that she did in fact die.

Q. And there is implicit in that, I take it, the fact that she happened to die that night rather than any other was not the cause of any surprise to you?

A. Not really, no.

Q. Now, on August the 22nd a patient called Paul Murphy died, and he is not on the chart that we have had prepared, and you were not on duty at the time of his death as I understand it. Do you have any recollection of that child?

A. I remember the child, yes.



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DM.jc
EE.2

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Q. You had dealt with him earlier
in that admission, or on prior occasions?

4

A. He had been admitted to the floor
several times in the past.

5

Q. And indeed we had heard that he
was a very sick patient indeed?

6

A. Yes, he was.

7

Q. And not expected to survive?

9

A. No, he was not.

10

Q. The next child on our chart to
die was Antonio Velasquez, he died on Ward 4A on
August the 24th at 4:25 in the morning, but you were
not on duty?

11

A. No, I wasn't.

12

Q. Indeed as I understand it you
had worked the long night shift on August 18-19 which
was a Monday/Tuesday?

13

A. Right.

14

Q. You were not scheduled for duty
the rest of that week; you then took one of your
statutory holidays at the end of the week?

15

A. Right.

16

Q. And the following week you were
on vacation from Monday the 25th until Friday the 29th
of August?

17

25



EE.3

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2 A. Right.

3

Q. You were not scheduled to work

4

on the 30th and 31st and therefore after leaving work
on the morning of August 19th you did not return to
work until September the 1st, is that correct?

5

A. That's right.

6

Q. And therefore it is not merely
that you were not on duty on the day that Velasquez
died, you were on vacation?

7

A. That's right.

8

Q. Do you have any recollection of
the child at all?

9

A. No, I don't.

10

Q. You don't recall him from
before you went on vacation?

11

A. No, I don't remember him.

12

Q. When you returned to work for
long days on Monday, September 1st, did you learn that
another child had died, Velasquez?

13

A. I don't remember hearing that, no.

14

Q. And you don't recall learning that
there had been a large measure of concern about his
death, that he had been a postoperative patient who
was expected to be on his way back to the sunny Island
and died very suddenly?

15

16



EE. 4

1

A. No, I don't remember that.

2

Q. You have no recollection of that
at all?

3

A. No.

4

Q. I take it though Miss Nelles
that your vacation in the latter half of August must
have been a very welcome one?

5

A. It certainly was.

6

Q. You were more than ready for it?

7

A. Yes.

8

Q. Did you go home to Belleville?

9

A. No, I didn't, I went to Edmonton
and then to Vancouver.

10

Q. While you were on vacation did
you have any opportunity to talk to either your father
or your brother about the deaths that had occurred?

11

A. I don't remember. I don't
really remember when I talked to my father about it.
I remember at some point in time telling them that we
had had a lot of deaths on the floor, and that we had
had a lot of very sick children with severe heart
disease, and that we seemed to be going through a very
bad time in terms of losing children.

12

Q. In light of what you told me a
little while ago that you didn't start seeing

13

14



EE.5

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2 parallels between these deaths until the early part
3 of 1981, I take it in any conversations you had you
4 didn't recount the pattern of dying that these
5 children seemed to be experiencing?

6 A. No, not at all, just that we
7 had had a number of very sick children and that we
8 had had a number of deaths on the floor.

9 Q. Now we know that Phyllis Trayner
10 was married in late August, and you were on vacation
11 at that time; were you invited to her wedding?

12 A. I don't recall that I was, no.

13 Q. In the period - you came back on
14 September the 1st, and as I understand it in her
15 absence you acted as team leader?

16 A. That's right.

17 Q. In the period that she was away
18 one child died, and that occurred a day after you
19 returned, Laurette Heyworth, who was an older girl
20 you will recall who died at 8:20 or 8:30 in the
21 morning on September the 2nd, your second day back at
22 work?

23 A. Right.

24 Q. You worked the long day that day
25 and the death occurred about an hour into the shift
I take it?



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EE.6

A. That's right.

Q. Do you remember that child?

A. Yes, I do.

Q. And do I have it correctly that

she too was an older child who was very seriously sick
and not expected to survive?

A. Yes, she had been admitted to
4A or 4B several times in the past.

Q. Do you recall whether there was
a "do not resuscitate order" on that child?

A. I believe there was.

Q. Another thing that occurred in
Mrs. Trayner's absence was that a Mortality and
Morbidity Conference was held on September 5th, do
you remember that?

A. Yes, I do.

Q. Did you attend that conference?

A. Yes, I did.

Q. And the evidence that we have
heard, and the notes in the Communications Book all
tell us that three cases were discussed at that
meeting on September the 5th, Bilodeau, Turner and
Taylor?

A. Right.

Q. And of course two of them had



LE. 7

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2

been your patients, Bilodeau and Turner, had they not?

3

A. That's right.

4

Q. Do you recall a discussion at
the meeting? And if it is of any assistance to you
in the Communications Book I think it is Mrs.
Radojewski's notes that are found at page 7 and going
on to page 12.

5

A. I remember that the meeting was
held in our conference room and that it was primarily
led by, I believe it was Dr. Rowe.

6

Q. Yes.

7

A. And that he dealt with each of
the deaths, and primarily he discussed the autopsy
reports, then we discussed the treatment that the
child had received.

8

Q. Yes.

9

A. And we did that for each of the
three children.

10

Q. Is it fair to sum up what I
call the message of the meeting by saying that Dr. Rowe
and the others there were anxious that you should
understand that there was no failure of nursing care
with these children, and that their deaths were
attributable to their very serious clinical conditions,
was that one of the things that you took from the
meeting?

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2 A. I certainly took from the meeting
3 that they described the conditions of the children
4 and they seemed to - the autopsies or the reports in
5 most cases seemed to, from their viewpoint, describe
6 what had happened.

7

Q. You say from their viewpoint
almost as though you differ from it?

8

A. No. Just that they were the
physicians and they were certainly more aware of what
the values and whatnot meant than I was.

9

Q. And they appeared to be satisfied
that the deaths of those three children at least were
attributable to the clinical condition of the children
I take it?

10

A. That is the impression I got, yes.

11

Q. Did you take some comfort from
that?

12

A. Yes.

13

Q. And I take it as far as you
could judge other nurses at the conference similarly
took comfort from those views expressed by the
cardiologists?

14

A. I don't remember there being a
real question about quality of nursing care at that
meeting. I really got the impression that we were

15

16



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2 discussing the total care, both physician and nursing
3 care.

4

Q. Was it not one of the reasons
for holding the conference that, as you had told me
earlier, that the nurses were beginning to wonder
whether they were missing something in the treatment
of the children?

5

A. I think so, yes.

6

Q. And you could take some reassurance
from what you were told at that meeting that whatever
was causing the deaths of these children it was
clinical condition, not your lack of vigilance?

7

A. That's right.

8

Q. Would you look at page 11 of the
book with me, please, where there is a discussion of
David Taylor. Now David Taylor was one of the three
who had not been your patient, but nevertheless I
take it you were interested in discussion on each of
these children?

9

A. Yes.

10

Q. About three-quarters of the way
down the page there is reference to Sunday evening
irregular apex, ST depression, vomiting; tachycardia -
second, does that mean that AV block in any event,
ventricular fibrillation?

11

12



A. Right.

Q. ECG showed ST wave depression
and ? digitoxin. Do you recall any discussion of
that at the meeting as it related to David Taylor?

A. I don't remember that, no.

Q. And therefore you can't tell me
what your recollection is, or who may have raised it
and what response was made to it?

A. I don't remember that, no.

Q. After the death of Laurette
Heyworth; I'm sorry, just let me carry that forward
one step. There was a second Mortality and Morbidity
Conference to be held later in the month, on the 26th
I believe, did you attend the second conference?

A. No, I didn't.

Q. Did you become aware of what
went on at the second conference from looking in the
Communications Book?

A. Yes, I guess some time later.

Q. Did it appear to you that the
same message was coming through that meeting as well?

A. Right. I think another message
that came out of it was the discussion of the inter-
mediary unit.

Q. The ICU?



A. Yes.

Q. After the death of Laurette Heyworth on September the 2nd there were no further deaths for more than three weeks remember, and then on September the 25th at 4 o'clock in the morning Brian Gage died, once again in Room 418. Now, Brian Gage was not your patient but you were acting as team leader, were you not, even though Phyllis Trayner had that day come back to work and this was her first shift after her wedding?

A. Right.

Q. Can you tell me how it came about that you were acting as team leader notwithstanding Mrs. Trayner's return?

A. When someone - although Phyllis was normally the team leader, on such an occasion as this where it was her first night back and where she would not know any of the children on the floor, it was usually assumed that the back-up team leader will continue in the role as team leader until, in this case, Phyllis got more familiar again with the children on the ward.

Q. So on that shift you were again team leader. The nursing assignment for the night shift is set out on page 179 which is the very last



page under Tab 89 in the Assignment Book for the night of Wednesday, September 24th?

A. Right.

Q. Do you have that?

A. Yes.

Q. And there you are in charge with no patient assignments. Mrs. Trayner had four patients in Room 418; Mrs. Scott had six patients in 421 and one in 418 who we know from her evidence in the chart would be Brian Gage. Mrs. Christie had four patients in 425, two in 426 and one in 423. I have read that correctly, have I?

A. Right.

Q. Do you have any recollection of the events of that night, Miss Nelles?

A. Again only I have sort of a vague recollection but it's not, I can't clearly remember most of the events.

Q. Once again this was in the nature of a first, this was the first time a death had occurred at night when you were team leader?

A. That's right.

Q. And in charge of the ward?

A. Right.

Q. Can you tell me what you do



recall of the night; and once again if the chart would help you it is available.

A. I forget exactly who was assigned to Brian Gage.

Q. Sui Scott.

A. Sui Scott, yes.

Q. It was the only child she had in Room 418?

A. Right.

Q. Although she has six children in other rooms. Her note is at page 65 of the chart.

A. The thing I vaguely remember about that night was that I was team leading, and I recall something about Sui Scott informing me that this baby was vomiting, or having difficulty, and that - either I imagine I must have gone to the physician and told him, or her, that it was decided that we would nasogastrically feed the baby.

Q. Do you recall if the child was going to the OR the next morning?

A. I don't remember that, no.

Q. Mrs. Scott's evidence has been that because of that, at least until 4 o'clock in the morning the physician was anxious that calories be gotten into this child, do you have any recollection of that?



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A. Again I just remember something
about feeding the baby nasogastrically.

3

Q. Do you have any other recollections
during the course of the shift?

4

A. Again I remember that Mrs. Trayner
had most of the children in that room, and that she
was concerned when this baby got into trouble that
for some reason that the baby had perhaps - how do
you describe it?

5

Q. Aspirated.

6

A. Aspirated the fluid from the last
feed.

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2 Q. Was there any evidence of that
3 so far as you could see?

4 A. Not that I could see, no.

5 Q. Any other recollection?

6 A. I don't remember anything else,
7 really.

8 Q. Now, you were the team leader,
9 Mrs. Trayner was notionally working as a member
of your team that night.

10 A. Right.

11 Q. And there was an arrest and you
12 were the patient in charge of that arrest.

13 A. Right.

14 Q. Did Mrs. Trayner permit you to
15 take charge of that arrest and to be the person
in charge of it?

16 A. I never got that impression, no.
17 I think that I assumed my normal role at an arrest
18 rather than as an authoritative person primarily
19 because I had never been a team leader.

20 Q. All right.

21 A. In this position before.

22 Q. And your inexperience of
23 performing in the team leader's role at an arrest I
take it made it appropriate for Mrs. Trayner to take

24

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2 charge as she usually did at an arrest, that was her
3 function.

4 A. Right.

5 Q. Okay. I take it that wasn't the
6 cause of any dispute or antagonism between you that
night, was it?

7 A. No, but I think that it played
8 a part in a feeling that I had later.

9 Q. All right. Why don't we come to
10 that right now then. What was the feeling that you
11 had and how much later?

12 A. Again, I can't remember exactly
13 when it was but I had an evaluation that took place
14 some time in the fall.

15 Q. That's a regular thing in the
16 hospital procedure, is it not?

17 A. That's right.

18 Q. When your performance is evaluated
19 and you are told about it and it is discussed with
you?

20 A. Yes, there is one at three
months, one at six months and then one year later.

21 Q. Right.

22 A. And I believe, I'm not sure whether
23 this would have been probably my yearly one.

24

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2 Q. Yes. Who conducted that.

3 A. It was between Liz Radojewski and
4 myself.

5 Q. Right.

6 A. And at that time it arose that
7 I voiced the opinion that I was having some trouble
8 getting along with Phyllis in a working type relation-
ship.

9 Q. All right. Now, you had worked
10 with her at that stage since some time in June.

11 A. Right.

12 Q. So, we are looking at part of
13 June, July, August, September and perhaps a little
14 of October, something of that sort.

15 A. Yes.

16 Q. Perhaps four to five months.

17 A. Right.

18 Q. Did you make any particular request
19 of Mrs. Radojewski at that time?

20 A. I think I told her how I was
21 feeling.

22 Q. Yes.

23 A. And that I told her that I felt
24 it was difficult to work when there was this difficulty
25 between us and I thought that it probably could be



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2 resolved but if it couldn't then perhaps I should be
3 moved to another team.

4 Q. Now, what was the nature of the
5 difficulty that you felt between yourself and Mrs.
6 Trayner that developed over the space of the four or
7 five months?

8 A. I got the feeling that at times
9 instead of working as a team and working side by side
10 in situations that Phyllis tended to sort of be more
11 like my boss rather than listen to what I had to say
12 at times.

13 Q. Were there particular instances
14 that came to your mind at the time that you were
15 talking to Mrs. Radojewski about this?

16 A. Well, as I say, perhaps in terms
17 of this arrest was a time when again I was inexperienced
18 but Phyllis more or less took over and certainly in
19 terms of the Amber Dawson episode and the 23 versus
20 the 25.

21 Q. Yes.

22 A. At that time I felt that I had
23 been the nurse looking after the child and I had
24 watched her all night long and that Mrs. Trayner had
25 come in and simply said, let's call a 25 and I perhaps
at that time felt that she wasn't really listening to



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5 2 what I was saying, she was making her own decision
3 independently.

4 Q. Well, I want to understand you
5 and please tell me if I have characterized this
6 wrongly. Was your complaint that you did not care
7 for her leadership style, she was a team leader after
all.

8 A. Right, and ultimately she has the
9 final decision.

10 Q. Yes.

11 A. But I think what I was trying to
12 say was that we were two RN's working on a floor and
13 that we should work - in order to have a good working
14 relationship we should work side by side rather than
one above the other.

15 Q. With respect to the Gage arrest
16 you have been frank to say that you were inexperienced
17 in the role of team leader at an arrest.

18 A. That's right.

19 Q. And I take it that you would have
20 welcomed some assistance and guidance in how to perform
your role that night.

21 A. Yes.

22 Q. Did Mrs. Trayner's involvement
23 in that arrest go beyond what you would have hoped

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2 to have to something that you resented?

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A. I think that it must have played a part in what I was saying, in what I was voicing to Mrs. Radojewski that I felt that she wasn't giving me enough credit for being an experienced RN.

7

8

9

Q. But whenever that review and evaluation took place with Mrs. Radojewski things by then had reached the point in your mind where you were prepared to ask to be taken off the team?

10

A. If it could not be resolved, yes.

11

Q. And what was the outcome of that?

12

A. We decided that Phyllis and I should confront one another with the problem that existed.

14

Q. That was Mrs. Radojewski's suggestion?

16

A. That's right.

17

Q. And did that happen?

18

A. Yes, it did.

19

Q. When?

20

A. Again, I don't remember exactly when but it would have been shortly after this evaluation.

22

Q. Did the two of you talk about this in the hospital or outside the hospital?

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A. It was in the hospital, it was in the conference room actually.

Q. Right. And what happened?

A. It was my understanding that Liz had approached Phyllis and told her how I was feeling to some extent because Phyllis knew that I was going to try and approach her.

Q. Yes.

A. When I started to talk to her I remember that we both cried because it was difficult for me to have to tell her that she was bothering me in some ways and it was also difficult for her because she said that she didn't realize that that was the way she was coming across.

Q. And how was it resolved at that meeting between the two of you?

A. She said to me that she would try to be more aware of this difficulty that existed and that she would try harder to not make judgments over top of me and to listen to what I was saying as well.

Q. And thereafter did it appear to you that she was making such an effort?

A. It got better, yes.

Q. All right. Were the differences between the two of you ever completely resolved?



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2 A. I don't think that you could
3 ever say they were completely resolved because we
4 always knew that it had gotten to the point where
5 we had to confront one another, so it was always in
6 the background in terms of working with each other.

7 Q. Did there continue to be a measure
8 of tension between you throughout the time that you
9 continued to work together?

10 A. I don't think so, no.

11 Q. Not tension?

12 A. No.

13 Q. And I take it whatever there was
14 between you, you did not believe that it impaired your
15 ability to look after the children on the floor?

16 A. Not at all.

17 Q. Other than that request to Mrs.
18 Radojewski that if things could not be improved, you
19 wanted to be transferred to another team, did you at
20 any time in the fall or winter of 1980 hear talk of
21 a proposal to split the team?

22 A. I don't remember that, no.

23 Q. Because of the amount of stress
24 that the team was going through, the repeated
25 deaths?

26 A. I don't remember hearing that.



1

9 2 Q. Do you remember hearing it at
10 3 any time?

11 4 A. No, I don't.

12 5 Q. And your reasons for raising that
13 6 as a possibility with Mrs. Radojewski in the fall of
14 7 the year were quite different, they were the
15 8 reasons that you just described.

16 9 A. That's right.

17 10 MR. LAMEK: I have just been handed a
18 11 very cryptic note. The question is: "Do I smell
19 12 smoke or something".

20 13 MS. CRONK: Some of us are of the view
21 14 that there may be something burning, sir, not to cause
22 15 any undue alarm. It may be nothing more than a smell
23 16 of cigarettes.

24 17 MR. LAMEK: Yes, I smell smoke.

25 18 MS. CRONK: Thank you very much.

1 2 MR. SOPINKA: Maybe it is Percival
2 3 thinking.

3 4 THE COMMISSIONER: Shall we carry on?

4 5 MR. LAMEK: Let's carry on, absolutely,
5 6 and don't pass me any more notes!

6 7 Q. Just before we leave Baby Gage,
7 8 Miss Nelles, the medication sheet, page 104 of the
8 9 chart seems to be completely filled out. Do you have



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10 2 any knowledge of anyone other than Sui Scott administer-
3 ing any medication of any kind to Brian Gage the night
4 that he died?

5 A. No, I don't.

6 Q. Do you have any reason to think
7 that the medications apparently administered by
8 Mrs. Scott were not exactly as prescribed?

9 A. No.

10 Q. Now, after Baby Gage's death
11 there was another three week respite it seems and
12 then Richard McKeil died again in the early hours of
13 the morning at 4:25, October 15th. You will find the
14 nursing assignments for that in the same big book but
15 now under Tab 87 and in particular for that night
shift on page 41.

16 Now, Richard McKeil was again in Room
17 418 and you were assigned to care for him the night
18 that he died. That night Mrs. Trayner was back as
19 team leader, she had two patients in Room 426, you
20 had four patients in Room 418, Miss Brownless had one
21 patient in Room 418, four in 425 and one in 423 and
22 Mrs. Christie had a roomful of patients in 421, she
had six of them.

23 A. Okay.

24 Q. Thank you. So, this time we had

25



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2 you and Miss Brownless with all of the 418 patients,
3 you with four and she with one.

4 A. Right.

5 Q. Do you have any recollection of
6 Richard McKeil?

7 A. Again, I remember the baby.

8 Q. All right. Can you tell me what
9 you recall about him, and if it would be helpful once
again by all means refer to the chart.

10 A. He had been with us again for a
11 fairly long period of time. I remember him having
12 some trouble with feeding and there was a question
13 whether he had again an underlying physiological
14 cause for his vomiting.

15 Q. Yes.

16 A. I know he had had surgery early on
17 in his stay with us.

18 Q. Yes.

19 A. And I remember the baby's mother.

20 Q. You had cared for him on prior
21 occasions prior to the night he died, had you?

22 A. Yes.

23 Q. And you say you remember his
24 mother. Was there anything particular you remember about
25 his mother?



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A. No, it was that the baby was from Trenton, so they had originally been referred from a physician from Belleville.

Q. Now, other than as may appear from the nursing note, and your nursing note on the first part of the shift is on page 80 and then from the moment of arrest onwards also the second part of the note on page 80. Other than as may appear from that note do you have any recollection of the events of that night?

A. I don't really remember, no.

Q. All right. You had four children, they were all in the same room. Is it a reasonable inference, Miss Nelles, that you spent most of the night in that room with those four patients?

A. Yes.

Q. Miss Brownless had one patient there. Do you have any recollection of seeing her, it is entirely likely that you would.

A. Yes, but I don't remember.

Q. You don't remember. Do you have any recollection of seeing anyone else in the room that night?

A. I don't remember, no.

Q. All right. Now, when I look at the



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13 2 medication sheet on page 90 the child is receiving
3 Lasix, aldactone, and I believe digoxin that night.

4 A. I think the digoxin was on hold.

5 Q. On hold, you're absolutely right.

6 A. Or discontinued.

7 Q. That's right, had been discontinued
as of that morning I think had it not?

8 A. Yes.

9 Q. And you had not administered
10 digoxin to that child that night?

11 A. No, I didn't.

12 Q. You did administer Laxis and
aldactone.

13 A. Yes.

14 Q. As you signed.

15 A. That's right.

16 Q. And the prescribed dosage.

17 A. That's right.

18 Q. Any other drugs administered to
19 him by you that night?

20 A. No.

21 Q. Or to your knowledge by anyone
else?

22 A. No.

23 Q. All right. When this child

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arrested, and let's turn back to your nursing note,
he got into trouble at 3:45 in the morning. Your
note records that the alarm sounded on his monitor
and the apex recorded was approximately in the 80
range. You listened to his heart rate, it was
irregular and had gone up to 120, or was counted at
120. The doctor was notified and arrived, the rate
dropped again and this time when you listened you
couldn't hear any heartbeat at all.

10

A. Right.

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Q. The monitor indicated a fluttering, fibrillation of some kind I take it?

4 A. Yes.

5 Q. And a Code 25 was called.

6 Do you have any recollection about the preparation
7 of arrest drugs for this child?

8 A. Not specifically this child.
9 I remember on a couple of occasions some of the drugs
10 that we used in an arrest situation were drawn up
by Mrs. Trayner and put on a stainless steel tray.

11 Q. But you don't recall whether
12 that happened in the case of Richard McKeil?

13 A. I don't recall.

14 Q. Either way, I take it, whether
it did or did not?

15 A. No.

16 Q. Do you remember any child
17 where that did happen, where arrest drugs were drawn
18 up ahead of time and set out on a medication tray?

19 A. I remember that event occurring
20 but I don't remember which child or who it
involved.

21 Q. Do you remember whether it
22 occurred more than once?

23 A. I cannot remember it more than

24

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2 once or twice, no.

3 Q. And if it were twice, you
4 cannot remember either?

5 A. I cannot remember if it was
6 twice. It seems to me it was more than once but not
more than a couple of times.

7 Q. When you say arrest drugs, I
8 take it you mean drugs that are routinely and
9 commonly, virtually inevitably used in the course of
10 an arrest procedure?

11 A. That is right.

12 Q. When they were drawn up in
13 advance, how much in advance?

14 A. Again, I don't remember. I
would say not very long.

15 Q. Could we ask the question not
16 in terms of minutes or hours but in terms of the
17 course of the child?

18 Was this something that Mrs. Trayner
19 did when it was apparent the child was getting into
20 serious difficulty?

21 A. That is my recollection, yes.

22 Q. Before a Code was actually
called?

23 A. I think so, yes, before the

24

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2 actual 25 Code would be called.

3 Q. This is in anticipation of
4 the Code being called, I take it?

5 A. I would not say necessarily
6 that but, in case of an emergency, there was something
7 ready.

8 Q. Believe me, I meant no more
9 than that. Against the possibility that a Code 25
10 was called, those drugs at least would be ready to
11 go as soon as the arrest team arrived?

12 A. Right.

13 Q. Do you regard that as good,
14 sound anticipatory nursing practice?

15 A. Yes, I do.

16 Q. Do you have any cause to
17 think, how does she know what to do?

18 A. No, not at all.

19 Q. Did it seem to you to be a
20 perfectly rational and prudent thing to do?

21 A. Yes. Because, during the
22 course of an arrest, there are these medications and
23 pre-loaded syringes on top of the crash cart itself
24 and they are used up very quickly. So, the actual
25 function of one of the nurses at an arrest is to draw
up more of these medications. So, if she has a few



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2 extra already drawn up and labelled, then I guess you
3 could say she was that much more organized.

4 Q. Is it something that you have
5 ever done, Miss Nelles?

6 A. I do not recall myself doing
7 it, mainly because I would be busy with the children
themselves.

8 Q. Something that perhaps the
9 team leader has time to do when the actual nurse in
10 charge of the child may not have time?

11 A. Right.

12 THE COMMISSIONER: Is there some reason
13 why the crash cart itself could not be equipped that
way at all times?

14 THE WITNESS: The crash cart, as I
15 say, has a tray that is already packaged on top --

16 THE COMMISSIONER: Why could it not
have all of this preparatory stuff?

17 THE WITNESS: I guess they are
18 expensive and they only have so many of the pre-loaded
19 variety.

20 THE COMMISSIONER: If they are pre-
21 loaded, will they not maintain themselves, would they
22 not preserve themselves?

23 THE WITNESS: They would have an expiry

24

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2 date on them.

3 THE COMMISSIONER: But they would have
4 that whether they were prepared or not?

5 THE WITNESS: Right.

6 THE COMMISSIONER: I just wondered
7 why this could not be done, not in the rush of the
8 evening but done in regular routine in the Hospital.

9 It was not, anyway?

10 THE WITNESS: It was not, no.

11 MR. LAMEK: Q. On the occasions when
12 you were team leader, Miss Nelles, and it was
13 apparent that a child was getting into difficulty,
14 did you on those occasions draw up drugs that might
15 be needed if an arrest actually ensued?

16 A. I cannot remember doing that,
17 no.

18 Q. Do you ever recall seeing
19 any other team leader drawing up drugs against the
20 possibility of the occurrence of an arrest?

21 A. Again, I don't remember seeing
22 that, no.

23 Q. Four days after Richard
24 McKeil died, on October 19th Antonio Adamo died. He
25 died in the afternoon at 5:43 and, again, you were
not on duty. Do you have any recollection of the



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2 Adamo child?

3 A. The name seems familiar,
4 but that is really all.

5 Q. Do you have any recollection
6 that his death caused some concern and puzzlement as
7 to its cause on the floor?

8 A. I don't recall that, no.

9 Q. You have no recollection of
10 it?

11 A. No.

12 Q. Other than the death of
13 Francis Volk at 5:15 in the afternoon of October
14 23rd, and again you were not on duty - you were
15 working the long night that night; that takes us to
16 the end of October. Do you have any recollection of
17 Francis Volk notwithstanding that you were not there
18 at the time of his death?

19 A. No, I don't remember.

20 Q. We are now at the end of
21 October. Let us pause again and do one of our
22 stock-takings.

23 Since the death of Antonio Velasquez
24 on August 25, the mortality rate appeared to drop in
25 September/October, did it not?

A. Yes.



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Q. There had been some five
deaths, including Heyworth and Volk, but I take it
the stress level was still pretty high among nurses
on the floor, notwithstanding there had been a decline
in the number of deaths?

3

A. I do not remember it as being
as bad as the July/August period.

4

Q. It was still a matter of
concern, was it not?

5

A. Again, I don't remember it.

6

Q. Could we look at the Ward 4A
meeting book, please, which is the third tab in that
volume.

7

If you could turn to page 175, you
will see, on the left-hand side there, a note first
of a meeting of October 5, 1980 and, beneath that,
a one line note of October 13, 1980 and then, the
bottom half of the page, October 23, 1980.

8

Do you see that?

9

A. Yes.

10

Q. I do not see that you are
listed among those said to have been present. Were
you aware of that meeting or did you learn of it by
subsequently reading the ward meeting book?

11

A. I must have at some time.

12

13



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Nelles
ex. (Lamek)

8113

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Q. Do you recall seeing the
note that begins at the very bottom of the left-hand
column?

3

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"The need was identified for a more
open communication system between
nursing staff and medical staff.

Nursing staff expressed feelings of
frustration concerning communication
blocks with doctors and the feeling
that the medical staff did not trust
nursing judgment as they should.

Feelings of frustration with respect
to arrests were verbalized and dis-
cussed."

Do you remember seeing that?

A. I don't have any direct

recall of it but I must have read it at some time.

Q. It does suggest, does it not,
that there was still a measure of unease about the
arrests that had occurred on the ward even though the
rate had dropped off during September and October?

A. Yes.



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8114

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2 Q. Was that your impression that
3 perhaps the level, the intensity of the concern had
4 dropped a little with the dropping rate, but still
5 there was a feeling of concern about the thing
6 among the nurses?

7 A. I think so, yes.

8 Q. You were not aware at that
9 time of any talk of splitting of the Trayner nursing
team?

10 A. No.

11 Q. The next child we have then
12 is Lutes, Matthew Lutes who died November 17 at
13 1:34 in the morning. He also was in Room 418 and
14 he also was your patient. The assignment book at
15 page 107, Miss Nelles, tells us that Mrs. Trayner
16 was in charge without a patient assignment. You
17 had two patients in Room 418; Mrs. Scott had three
18 in 418 and two in 421; Mrs. Christie had one in
423 and four in 425 and two I believe in 426.

19 Do you have a recollection whether
20 your two patients in 418 were on shared care?

21 A. I don't remember that but I
22 would assume that if I was only assigned two patients
23 probably one of them would have required shared
care.

24

25



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8115

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Q. Clearly there is no indication
in the daytime nursing assignments that there was
a shared care situation. Indeed, if you look in
the daytime in the afternoon, Miss Ganassin had
three children in Room 418, one of whom was Lutes.
Do you see that?

3

A. Yes.

4

THE COMMISSIONER: Surely it would
have to indicate somewhere that there was shared
care because it made a difference. You could not
leave the child without being relieved.

5

THE WITNESS: Right.

6

7

THE COMMISSIONER: So would they
not have to tell you?

8

THE WITNESS: Sometimes in terms
of the head nurse or the team leader during the day
working out the assignments it was felt that from
looking at the daytime nursing care that one of
those children required a lot of extra time and
she just decided that perhaps on nights I should
only have the two patients, but if one of them had
actually been ordered shared care then I think it
would normally appear.

9

10

11

12

13

14

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16

17

18

19

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21

22

THE COMMISSIONER: It would have
to be both of them that would have had to be ordered

23

24

25



1

2 shared care before it could be shared, would it not?

3 THE WITNESS: Normally they only
4 ordered shared care for one patient and as I said
5 the other patient was usually considered a lighter
6 patient.

7 MR. LAMEK: Q. Let me be sure
8 I understand that, Miss Nelles. If a child were
9 under constant care that I would take it would be
10 some indication that that child needed to be very
closely watched indeed.

11 A. That is right.

12 Q. To the extent where he would
13 occupy one nurse's entire time?

14 A. That is right.

15 Q. If however there were a
16 child who needed an enhanced level of care --

17 A. Right.

18 Q. -- but a little bit less
19 than full constant care, then you might order him
to have shared care?

20 A. Right.

21 Q. And assign the nurse who was
22 to provide that care to him someone less seriously
ill?

23 A. That is right.

24

25



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8117

Nelles, ex.
(Lamek)

1

2

Q. You are not required to occupy
all of your time with the one sick patient, you
have enough free time and available time and energy
to look after someone less seriously ill. Is that
the situation?

3

4

A. Right, and the physician does
not have to write shared care for the other patient.

5

6

Q. But you would expect him to
write it for the ones that did need that enhanced
level?

7

A. Yes.

8

9

Q. All right. Do you recall
Matthew Lutes?

10

A. I don't remember him, no.

11

Q. Do you recall anything of the
events the night that he died?

12

A. No, I don't.

13

14

Q. You have reviewed your
nursing notes that night, I take it?

15

A. Yes.

16

17

Q. And it is of no assistance
in helping you recall the events?

18

A. Not really, no.

19

20

Q. We do know from the nursing
note that the child took a turn for the worse at

21

22

23

24

25



1

2

about midnight?

3

A. Yes.

4

5

Q. And at 12:30 in the morning
became severely bradycardic and at 10 minutes to
1:00 they started CPR?

6

7

A. Yes.

8

Q. He was pronounced dead at
1:34 in the morning?

9

10

A. Yes.

11

12

13

Q. If you have no recollection
of the child other than what appeared in the notes,
I take it you cannot tell me whether you experienced
any surprise at his death?

14

15

A. I cannot remember, no.

16

17

Q. The medication sheet is on
page 75 of the chart. It appears he received
digoxin that night, aldactone and Lasix?

18

19

A. Right.

20

21

22

Q. All three having been
administered by you at 9 o'clock in the evening?

23

24

A. That is right.

25

26

Q. And signed for by you?

27

28

A. Yes.

29

30

Q. I take it those drugs were
administered in the prescribed doses?



1

2

A. Yes.

3

4

5

Q. Other than those three drugs
did you administer any other medication to that
child that night?

6

A. No, I did not.

7

8

Q. To your knowledge did anybody
else?

9

A. No.

10

11

12

Q. I take it from what you have
told me you have no recollection of who may or may
not have been in the room at different times at
night?

13

A. I'm sorry, I don't remember.

14

15

16

Q. Or whether indeed you spent
a good deal of the night in that room. It was a
shared care situation so you must have, I take it?

17

A. That is right.

18

Q. If it was shared care you
would have to be relieved?

19

A. Right.

20

21

Q. And you have no recollection
of who may or may not have relieved you?

22

A. No, I don't.

23

24

Q. Miss Nelles, John Onofre was
the next child who died on September the 9th. He

25



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8120

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died on Ward 4B. You were on duty on Ward 4A.

3

Do you have any knowledge of that child or any
recollection of him?

5

A. No, I do not.

6

Q. Likely you were present at
the arrest, I take it?

7

A. Yes.

8

Q. Do you have any particular
recollection of it?

10

A. No, I don't.

11

12

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Q. When D'Arcy MacDonald died
on December the 13th at 4:30 in the morning you
were not on duty. Had you had any dealings with
that child?

3

A. Not that I remember, no.

4

Q. You have no recollection of
her?

5

A. No.

6

THE COMMISSIONER: Didn't we decide
that D'Arcy MacDonald was a boy.

7

MR. LAMEK: I think she was a
female child, was she not?

8

THE COMMISSIONER: I thought a male.

9

MR. LAMEK: Oh, it was a male
child was it, all right.

10

THE COMMISSIONER: Yes.

11

MR. LAMEK: Q. Does that help you
to remember, Miss Nelles?

12

A. I don't remember, no.

13

Q. Let's move then to Real
Gosselin. Real Gosselin was your patient on the
night that he died, and he died a little after
3 o'clock in the morning on December the 18th.
Perhaps once again we will set the assignments for
the night. It is page 171, I think. Mrs. Trayner

14

15

DM/ak



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2

was in charge that night with no patient assignments.
You had four patients in Room 418, one patient in
Room 423. Mrs. Christie had three patients in 421
and two in 426 and two in 425, and Ms. Brownless
was ill.

3

A. Right.

4

Q. There was no indication there
of any relief for you, there seemed to be just the
three people on duty, the team leader not having
any patients.

5

A. That's right.

6

Q. You had Baby Gosselin in 418
along with as I see three others there, and one in
that single room, 423?

7

A. Right.

8

Q. Do you have any recollection
of Baby Gosselin?

9

A. No, I don't.

10

THE COMMISSIONER: I'm sorry, where
do we find --

11

MR. LAMEK: Did I read the wrong
one? I am sorry, I have done it all wrong.

12

Q. We have to turn back a page
to page 169. I must be getting tired at the end
of the day. Mrs. Trayner did have a patient at

13

14



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8123

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night in the single room, 423. Miss Lowe had three
patients in 425, and Baby Loxley in 418, she was
being shared on 4B, and had three patients in 418.
Mrs. Christie had three in 421, two in 426 and one
baby Jama in 418. Now we have it correctly.

7

8

Gosselin was one of your three
patients and 418 was the only room in which you
had patients that night?

9

A. Right.

10

11

12

13

Q. I am sorry. Now, I have got
the right night, I take it your answer is still the
same, you don't have any particular recollection of
the night he died?

14

A. No, I don't.

15

16

Q. And the nursing note is of
no assistance to you then?

17

A. No, I can't find it.

18

Q. Do you recall the baby was
receiving nothing by mouth?

19

A. What page is this?

20

21

22

Q. I'm sorry, the nursing notes
on page -- unnumbered in that one, they are faintly
numbered, if you will bear with me, 46.

23

A. I have found it.

24

Q. The note begins half way down

25



1

2

the page.

3

A. Right.

4

5

6

7

Q. The baby was kept NPO,
prostaglandin going and a good deal of edema,
shallow respirations. None of that helps you recall
the child the night that he died?

8

9

10

A. I don't remember him, no.

Q. But he was your patient and
presumably you were present at his arrest?

11

12

13

14

A. Yes.

Q. And the resuscitation effort?

15

A. Yes.

16

Q. And it proceeded to the
result that now has become unhappily very common
the child died?

17

18

A. Yes.

19

Q. The medication sheet, on page
52 of the chart really shows no administration of
medication?

20

21

A. That's correct. It shows
that an IV started and those medications are ordered
orally.

22

Q. And therefore they are not
medications that you could administer?

23

24

A. Right.

25



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8125

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Q. I think if you look at page 54
of the chart you will see Lasix was given by
Dr. Stephens, is that 7:45, was the order there?

3

A. Yes.

4

Q. Do you recall that was
shortly after the beginning of the shift, you have
no recollection of it I take it?

5

A. No, I don't remember that, no.

6

Q. Did you administer any
medication of any kind to the child the night that
he died?

7

A. No, I didn't.

8

Q. To your knowledge did anybody
else other than Dr. Stephens as we have seen from
the note on the doctor's order?

9

A. No.

10

MR. LAMEK: Mr. Commissioner, it
has been a long day for Miss Nelles I am sure, and
maybe we can hold this until tomorrow morning.

11

THE COMMISSIONER: Yes, until
10 o'clock tomorrow morning.

12

---Whereupon the hearing adjourned at 4:28 p.m.
until Tuesday, April 3rd, 1984 at 10:00 a.m.

13

14

15

